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- (b) **YOU OR ANYONE ACTING ON YOUR BEHALF** includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.
- (c) **EMPLOYMENT** means a relationship in which an **EMPLOYEE** provides services requested by or on behalf of an **EMPLOYER**, other than an independent contractor relationship.
- (d) **EMPLOYEE** means a **PERSON** who provides services in an **EMPLOYMENT** relationship and who is a party to this lawsuit. For purposes of these interrogatories, **EMPLOYEE** refers to *(insert name)*;
- (If no name is inserted, EMPLOYEE means all such PERSONS.)*
- (e) **EMPLOYER** means a **PERSON** who employs an **EMPLOYEE** to provide services in an **EMPLOYMENT** relationship and who is a party to this lawsuit. For purposes of these interrogatories, **EMPLOYER** refers to *(insert name)*;
- (If no name is inserted, EMPLOYER means all such PERSONS.)*
- (f) **ADVERSE EMPLOYMENT ACTION** means any **TERMINATION**, suspension, demotion, reprimand, loss of pay, failure or refusal to hire, failure or refusal to promote, or other action or failure to act that adversely affects the **EMPLOYEE'S** rights or interests and which is alleged in the **PLEADINGS**.
- (g) **TERMINATION** means the actual or constructive termination of employment and includes a discharge, firing, layoff, resignation, or completion of the term of the employment agreement.
- (h) **PUBLISH** means to communicate orally or in writing to anyone other than this plaintiff. This includes communications by one of the defendant's employees to others. *(Kelly v. General Telephone Co. (1982) 136 Cal.App.3d 278, 284.)*
- (i) **PLEADINGS** means the original or most recent amended version of any complaint, answer, cross-complaint, or answer to cross-complaint.
- (j) **BENEFIT** means any benefit from an **EMPLOYER**, including an "employee welfare benefit plan" or "employee pension benefit plan" within the meaning of Title 29 United States Code section 1002(1) or (2) or ERISA.
- (k) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).
- (l) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.
- (m) **ADDRESS** means the street address, including the city, state, and zip code.

## Sec. 5. Interrogatories

The following interrogatories for employment law cases have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

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## 200.0 Contract Formation

- ☒ 200.1 Do you contend that the **EMPLOYMENT** relationship was at "at-will"? If so:
- (a) state all facts upon which you base this contention;
  - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of those facts; and
  - (c) identify all **DOCUMENTS** that support your contention.

- ☒ 200.2 Do you contend that the **EMPLOYMENT** relationship was not "at will"? If so:
- (a) state all facts upon which you base this contention;
  - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of those facts; and
  - (c) identify all **DOCUMENTS** that support your contention.

- ☒ 200.3 Do you contend that the **EMPLOYMENT** relationship was governed by any agreement—written, oral, or implied? If so:
- (a) state all facts upon which you base this contention;
  - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of those facts; and
  - (c) identify all **DOCUMENTS** that support your contention.

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☒ 200.4 Was any part of the parties' **EMPLOYMENT** relationship governed in whole or in part by any written rules, guidelines, policies, or procedures established by the **EMPLOYER**? If so, for each **DOCUMENT** containing the written rules, guidelines, policies, or procedures:

- (a) state the date and title of the **DOCUMENT** and a general description of its contents;
- (b) state the manner in which the **DOCUMENT** was communicated to employees; and
- (c) state the manner, if any, in which employees acknowledged either receipt of the **DOCUMENT** or knowledge of its contents.

☒ 200.5 Was any part of the parties' **EMPLOYMENT** relationship covered by one or more collective bargaining agreements or memorandums of understanding between the **EMPLOYER** (or an association of employers) and any labor union or employee association? If so, for each collective bargaining agreement or memorandum of understanding, state:

- (a) the names and **ADDRESSES** of the parties to the collective bargaining agreement or memorandum of understanding;
- (b) the beginning and ending dates, if applicable, of the collective bargaining agreement or memorandum of understanding; and
- (c) which parts of the collective bargaining agreement or memorandum of understanding, if any, govern (1) any dispute or claim referred to in the **PLEADINGS** and (2) the rules or procedures for resolving any dispute or claim referred to in the **PLEADINGS**.

☒ 200.6 Do you contend that the **EMPLOYEE** and the **EMPLOYER** were in a business relationship other than an **EMPLOYMENT** relationship? If so, for each relationship:

- (a) state the names of the parties to the relationship;
- (b) identify the relationship; and
- (c) state all facts upon which you base your contention that the parties were in a relationship other than an **EMPLOYMENT** relationship.

#### 201.0 Adverse Employment Action

☒ 201.1 Was the **EMPLOYEE** involved in a **TERMINATION**? If so:

- (a) state all reasons for the **EMPLOYEE'S** **TERMINATION**;
- (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who participated in the **TERMINATION** decision;
- (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who provided any information relied upon in the **TERMINATION** decision; and
- (d) identify all **DOCUMENTS** relied upon in the **TERMINATION** decision.

☒ 201.2 Are there any facts that would support the **EMPLOYEE'S** **TERMINATION** that were first discovered after the **TERMINATION**? If so:

- (a) state the specific facts;
- (b) state when and how **EMPLOYER** first learned of each specific fact;
- (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of the specific facts; and
- (d) identify all **DOCUMENTS** that evidence these specific facts.

☐ 201.3 Were there any other **ADVERSE** **EMPLOYMENT ACTIONS**, including (the asking party should list the **ADVERSE** **EMPLOYMENT ACTIONS**):

If so, for each action, provide the following:

- (a) all reasons for each **ADVERSE** **EMPLOYMENT ACTION**;
- (b) the name, **ADDRESS**, and telephone number of each **PERSON** who participated in making each **ADVERSE** **EMPLOYMENT ACTION** decision;
- (c) the name, **ADDRESS**, and telephone number of each **PERSON** who provided any information relied upon in making each **ADVERSE** **EMPLOYMENT ACTION** decision; and
- (d) the identity of all **DOCUMENTS** relied upon in making each **ADVERSE** **EMPLOYMENT ACTION** decision.

☒ 201.4 Was the **TERMINATION** or any other **ADVERSE** **EMPLOYMENT ACTIONS** referred to in Interrogatories 201.1 through 201.3 based in whole or in part on the **EMPLOYEE'S** job performance? If so, for each action:

- (a) identify the **ADVERSE** **EMPLOYMENT ACTION**;
- (b) identify the **EMPLOYEE'S** specific job performance that played a role in that **ADVERSE** **EMPLOYMENT ACTION**;
- (c) identify any rules, guidelines, policies, or procedures that were used to evaluate the **EMPLOYEE'S** specific job performance;
- (d) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who had responsibility for evaluating the specific job performance of the **EMPLOYEE**;
- (e) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the **EMPLOYEE'S** specific job performance that played a role in that **ADVERSE** **EMPLOYMENT ACTION**; and
- (f) describe all warnings given with respect to the **EMPLOYEE'S** specific job performance.

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☒ 201.5 Was any PERSON hired to replace the EMPLOYEE after the EMPLOYEE'S TERMINATION or demotion? If so, state the PERSON'S name, job title, qualifications, ADDRESS and telephone number, and the date the PERSON was hired.

☒ 201.6 Has any PERSON performed any of the EMPLOYEE'S former job duties after the EMPLOYEE'S TERMINATION or demotion? If so:

- (a) state the PERSON'S name, job title, ADDRESS, and telephone number;
- (b) identify the duties; and
- (c) state the date on which the PERSON started to perform the duties.

☐ 201.7 If the ADVERSE EMPLOYMENT ACTION involved the failure or refusal to select the EMPLOYEE (for example, for hire, promotion, transfer, or training), was any other PERSON selected instead? If so, for each ADVERSE EMPLOYMENT ACTION, state the name, ADDRESS, and telephone number of each PERSON selected; the date the PERSON was selected; and the reason the PERSON was selected instead of the EMPLOYEE.

#### 202.0 Discrimination—Interrogatories to Employee

☐ 202.1 Do you contend that any ADVERSE EMPLOYMENT ACTIONS against you were discriminatory? If so:

- (a) Identify each ADVERSE EMPLOYMENT ACTION that involved unlawful discrimination;
- (b) identify each characteristic (for example, gender, race, age, etc.) on which you base your claim or claims of discrimination;
- (c) state all facts upon which you base each claim of discrimination;
- (d) state the name, ADDRESS, and telephone number of each PERSON with knowledge of those facts; and
- (e) identify all DOCUMENTS evidencing those facts.

☐ 202.2 State all facts upon which you base your contention that you were qualified to perform any job which you contend was denied to you on account of unlawful discrimination.

#### 203.0 Harassment—Interrogatories to Employee

☐ 203.1 Do you contend that you were unlawfully harassed in your employment? If so:

- (a) state the name, ADDRESS, telephone number, and employment position of each PERSON whom you contend harassed you;
- (b) for each PERSON whom you contend harassed you, describe the harassment;

- (c) identify each characteristic (for example, gender, race, age, etc.) on which you base your claim of harassment;
- (d) state all facts upon which you base your contention that you were unlawfully harassed;
- (e) state the name, ADDRESS, and telephone number of each PERSON with knowledge of those facts; and
- (f) identify all DOCUMENTS evidencing those facts.

#### 204.0 Disability Discrimination

☐ 204.1 Name and describe each disability alleged in the PLEADINGS.

☐ 204.2 Does the EMPLOYEE allege any injury or illness that arose out of or in the course of EMPLOYMENT? If so, state:

- (a) the nature of such injury or illness;
- (b) how such injury or illness occurred;
- (c) the date on which such injury or illness occurred;
- (d) whether EMPLOYEE has filed a workers' compensation claim. If so, state the date and outcome of the claim; and
- (e) whether EMPLOYEE has filed or applied for disability benefits of any type. If so, state the date, identify the nature of the benefits applied for, and the outcome of any such application.

☐ 204.3 Were there any communications between the EMPLOYEE (or the EMPLOYEE'S HEALTH CARE PROVIDER) and the EMPLOYER about the type or extent of any disability of EMPLOYEE? If so:

- (a) state the name, ADDRESS, and telephone number of each person who made or received the communications;
- (b) state the name, ADDRESS, and telephone number of each PERSON who witnessed the communications;
- (c) describe the date and substance of the communications; and
- (d) identify each DOCUMENT that refers to the communications.

☐ 204.4 Did the EMPLOYER have any information about the type, existence, or extent of any disability of EMPLOYEE other than from communications with the EMPLOYEE or the EMPLOYEE'S HEALTH CARE PROVIDER? If so, state the sources and substance of that information and the name, ADDRESS, and telephone number of each PERSON who provided or received the information.

☐ 204.5 Did the EMPLOYEE need any accommodation to perform any function of the EMPLOYEE'S job position or need a transfer to another position as an accommodation? If so, describe the accommodations needed.



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☐ 204.6 Were there any communications between the EMPLOYEE (or the EMPLOYEE'S HEALTH CARE PROVIDER) and the EMPLOYER about any possible accommodation of EMPLOYEE? If so, for each communication:

- (a) state the name, ADDRESS, and telephone number of each PERSON who made or received the communication;
- (b) state the name, ADDRESS, and telephone number of each PERSON who witnessed the communication;
- (c) describe the date and substance of the communication; and
- (d) identify each DOCUMENT that refers to the communication.

☐ 204.7 What did the EMPLOYER consider doing to accommodate the EMPLOYEE? For each accommodation considered:

- (a) describe the accommodation considered;
- (b) state whether the accommodation was offered to the EMPLOYEE;
- (c) state the EMPLOYEE'S response; or
- (d) if the accommodation was not offered, state all the reasons why this decision was made;
- (e) state the name, ADDRESS, and telephone number of each PERSON who on behalf of EMPLOYER made any decision about what accommodations, if any, to make for the EMPLOYEE; and
- (f) state the name, ADDRESS, and telephone number of each PERSON who on behalf of the EMPLOYER made or received any communications about what accommodations, if any, to make for the EMPLOYEE.

#### 205.0 Discharge in Violation of Public Policy

☐ 205.1 Do you contend that the EMPLOYER took any ADVERSE EMPLOYMENT ACTION against you in violation of public policy? If so:

- (a) identify the constitutional provision, statute, regulation, or other source of the public policy that you contend was violated; and
- (b) state all facts upon which you base your contention that the EMPLOYER violated public policy.

#### 206.0 Defamation

☐ 206.1 Did the EMPLOYER'S agents or employees PUBLISH any of the allegedly defamatory statements identified in the PLEADINGS? If so, for each statement:

- (a) identify the PUBLISHED statement;
- (b) state the name, ADDRESS, telephone number, and job title of each person who PUBLISHED the statement;
- (c) state the name, ADDRESS, and telephone number of each person to whom the statement was PUBLISHED;

- (d) state whether, at the time the statement was PUBLISHED, the PERSON who PUBLISHED the statement believed it to be true; and
- (e) state all facts upon which the PERSON who published the statement based the belief that it was true.

☐ 206.2 State the name and ADDRESS of each agent or employee of the EMPLOYER who responded to any inquiries regarding the EMPLOYEE after the EMPLOYEE'S TERMINATION.

☐ 206.3 State the name and ADDRESS of the recipient and the substance of each post-TERMINATION statement PUBLISHED about EMPLOYEE by any agent or employee of EMPLOYER.

#### 207.0 Internal Complaints

☒ 207.1 Were there any internal written policies or regulations of the EMPLOYER that apply to the making of a complaint of the type that is the subject matter of this lawsuit? If so:

- (a) state the title and date of each DOCUMENT containing the policies or regulations and a general description of the DOCUMENT'S contents;
- (b) state the manner in which the DOCUMENT was communicated to EMPLOYEES;
- (c) state the manner, if any, in which EMPLOYEES acknowledged receipt of the DOCUMENT or knowledge of its contents, or both;
- (d) state, if you contend that the EMPLOYEE failed to use any available internal complaint procedures, all facts that support that contention; and
- (e) state, if you contend that the EMPLOYEE'S failure to use internal complaint procedures was excused, all facts why the EMPLOYEE'S use of the procedures was excused.

☒ 207.2 Did the EMPLOYEE complain to the EMPLOYER about any of the unlawful conduct alleged in the PLEADINGS? If so, for each complaint:

- (a) state the date of the complaint;
- (b) state the nature of the complaint;
- (c) state the name and ADDRESS of each PERSON to whom the complaint was made;
- (d) state the name, ADDRESS, telephone number, and job title of each PERSON who investigated the complaint;
- (e) state the name, ADDRESS, telephone number, and job title of each PERSON who participated in making decisions about how to conduct the investigation;

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- (f) state the name, ADDRESS, telephone number, and job title of each PERSON who was interviewed or who provided an oral or written statement as part of the investigation of the complaint;
- (g) state the nature and date of any action taken in response to the complaint;
- (h) state whether the EMPLOYEE who made the complaint was made aware of the actions taken by the EMPLOYER in response to the complaint, and, if so, state how and when;
- (i) identify all DOCUMENTS relating to the complaint, the investigation, and any action taken in response to the complaint; and
- (j) state the name, ADDRESS, and telephone number of each PERSON who has knowledge of the EMPLOYEE'S complaint or the EMPLOYER'S response to the complaint.

**208.0 Governmental Complaints**

- ☐ 208.1 Did the EMPLOYEE file a claim, complaint, or charge with any governmental agency that involved any of the material allegations made in the PLEADINGS? If so, for each claim, complaint, or charge:
- (a) state the date on which it was filed;
  - (b) state the name and ADDRESS of the agency with which it was filed;
  - (c) state the number assigned to the claim, complaint, or charge by the agency;
  - (d) state the nature of each claim, complaint, or charge made;
  - (e) state the date on which the EMPLOYER was notified of the claim, complaint, or charge;
  - (f) state the name, ADDRESS, and telephone number of all PERSONS within the governmental agency with whom the EMPLOYER has had any contact or communication regarding the claim, complaint, or charge;
  - (g) state whether a right to sue notice was issued and, if so, when; and
  - (h) state whether any findings or conclusions regarding the complaint or charge have been made, and, if so, the date and description of the agency's findings or conclusions.
- ☐ 208.2 Did the EMPLOYER respond to any claim, complaint, or charge identified in Interrogatory 208.1? If so, for each claim, complaint, or charge:
- (a) state the nature and date of any investigation done or any other action taken by the EMPLOYER in response to the claim, complaint, or charge;
  - (b) state the name, ADDRESS, telephone number, and job title of each person who investigated the claim, complaint, or charge;
  - (c) state the name, ADDRESS, telephone number, and job title of each PERSON who participated in making decisions about how to conduct the investigation; and

- (d) state the name, ADDRESS, telephone number, and job title of each PERSON who was interviewed or who provided an oral or written statement as part of the investigation.

**209.0 Other Employment Claims by Employee or Against Employer**

- ☐ 209.1 Except for this action, in the past 10 years has the EMPLOYEE filed a civil action against any employer regarding the EMPLOYEE'S employment? If so, for each civil action:
- (a) state the name, ADDRESS, and telephone number of each employer against whom the action was filed;
  - (b) state the court, names of the parties, and case number of the civil action;
  - (c) state the name, ADDRESS, and telephone number of any attorney representing the EMPLOYEE; and
  - (d) state whether the action has been resolved or is pending.
- ☒ 209.2 Except for this action, in the past 10 years has any employee filed a civil action against the EMPLOYER regarding his or her employment? If so, for each civil action:
- (a) state the name, ADDRESS, and telephone number of each employee who filed the action;
  - (b) state the court, names of the parties, and case number of the civil action;
  - (c) state the name, ADDRESS, and telephone number of any attorney representing the EMPLOYER; and
  - (d) state whether the action has been resolved or is pending.

**210.0 Loss of Income—Interrogatories to Employee**

- ☐ 210.1 Do you attribute any loss of income, benefits, or earning capacity to any ADVERSE EMPLOYMENT ACTION? (If your answer is "no," do not answer Interrogatories 210.2 through 210.6.)
- ☐ 210.2 State the total amount of income, benefits, or earning capacity you have lost to date and how the amount was calculated.
- ☐ 210.3 Will you lose income, benefits, or earning capacity in the future as a result of any ADVERSE EMPLOYMENT ACTION? If so, state the total amount of income, benefits, or earning capacity you expect to lose, and how the amount was calculated.
- ☐ 210.4 Have you attempted to minimize the amount of your lost income? If so, describe how; if not, explain why not.

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- ☐ 210.5 Have you purchased any benefits to replace any benefits to which you would have been entitled if the ADVERSE EMPLOYMENT ACTION had not occurred? If so, state the cost for each benefit purchased.
- ☐ 210.6 Have you obtained other employment since any ADVERSE EMPLOYMENT ACTION? If so, for each new employment:
- (a) state when the new employment commenced;
  - (b) state the hourly rate or monthly salary for the new employment; and
  - (c) state the benefits available from the new employment.

**211.0 Loss of Income—Interrogatories to Employer**  
[See instruction 2(d).]

- ☒ 211.1 Identify each type of BENEFIT to which the EMPLOYEE would have been entitled, from the date of the ADVERSE EMPLOYMENT ACTION to the present, if the ADVERSE EMPLOYMENT ACTION had not happened and the EMPLOYEE had remained in the same job position. For each type of benefit, state the amount the EMPLOYER would have paid to provide the benefit for the EMPLOYEE during this time period and the value of the BENEFIT to the EMPLOYEE.
- ☒ 211.2 Do you contend that the EMPLOYEE has not made reasonable efforts to minimize the amount of the EMPLOYEE'S lost income? If so:
- (a) describe what more EMPLOYEE should have done;
  - (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts that support your contention; and
  - (c) identify all DOCUMENTS that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.
- ☒ 211.3 Do you contend that any of the lost income claimed by the EMPLOYEE, as disclosed in discovery thus far in this case, is unreasonable or was not caused by the ADVERSE EMPLOYMENT ACTION? If so:
- (a) state the amount of claimed lost income that you dispute;
  - (b) state all facts upon which you base your contention;
  - (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - (d) identify all DOCUMENTS that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

**212.0 Physical, Mental, or Emotional Injuries—Interrogatories to Employee**

- ☐ 212.1 Do you attribute any physical, mental, or emotional injuries to the ADVERSE EMPLOYMENT ACTION? (If your answer is "no," do not answer Interrogatories 212.2 through 212.7.)
- ☐ 212.2 Identify each physical, mental, or emotional injury that you attribute to the ADVERSE EMPLOYMENT ACTION, and the area of your body affected.
- ☐ 212.3 Do you still have any complaints of physical, mental, or emotional injuries that you attribute to the ADVERSE EMPLOYMENT ACTION? If so, for each complaint state:
- (a) a description of the injury;
  - (b) whether the complaint is subsiding, remaining the same, or becoming worse; and
  - (c) the frequency and duration.
- ☐ 212.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure section 2034) or treatment from a HEALTH CARE PROVIDER for any injury you attribute to the ADVERSE EMPLOYMENT ACTION? If so, for each HEALTH CARE PROVIDER state:
- (a) the name, ADDRESS, and telephone number;
  - (b) the type of consultation, examination, or treatment provided;
  - (c) the dates you received consultation, examination, or treatment; and
  - (d) the charges to date.
- ☐ 212.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the ADVERSE EMPLOYMENT ACTION? If so, for each medication state:
- (a) the name of the medication;
  - (b) the name, ADDRESS and telephone number of the PERSON who prescribed or furnished it;
  - (c) the date prescribed or furnished;
  - (d) the dates you began and stopped taking it; and
  - (e) the cost to date.
- ☐ 212.6 Are there any other medical services not previously listed in response to interrogatory 212.4 (for example, ambulance, nursing, prosthetics) that you received for injuries attributed to the ADVERSE EMPLOYMENT ACTION? If so, for each service state:
- (a) the nature;
  - (b) the date;
  - (c) the cost; and
  - (d) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER.



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- ☐ 212.7 Has any HEALTH CARE PROVIDER advised that you may require future or additional treatment for any injuries that you attribute to the ADVERSE EMPLOYMENT ACTION? If so, for each injury state:
- (a) the name and ADDRESS of each HEALTH CARE PROVIDER;
  - (b) the complaints for which the treatment was advised; and
  - (c) the nature, duration, and estimated cost of the treatment.

**213.0 Other Damages—Interrogatories to Employee**

- ☐ 213.1 Are there any other damages that you attribute to the ADVERSE EMPLOYMENT ACTION? If so, for each item of damage state:
- (a) the nature;
  - (b) the date it occurred;
  - (c) the amount; and
  - (d) the name, ADDRESS, and telephone number of each PERSON who has knowledge of the nature or amount of the damage.
- ☐ 213.2 Do any DOCUMENTS support the existence or amount of any item of damages claimed in Interrogatory 213.1? If so, identify the DOCUMENTS and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

**214.0 Insurance**

- ☒ 214.1 At the time of the ADVERSE EMPLOYMENT ACTION, was there in effect any policy of insurance through which you were or might be insured in any manner for the damages, claims, or actions that have arisen out of the ADVERSE EMPLOYMENT ACTION? If so, for each policy state:
- (a) the kind of coverage;
  - (b) the name and ADDRESS of the insurance company;
  - (c) the name, ADDRESS, and telephone number of each named insured;
  - (d) the policy number;
  - (e) the limits of coverage for each type of coverage contained in the policy;
  - (f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and
  - (g) the name, ADDRESS, and telephone number of the custodian of the policy.
- ☐ 214.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the ADVERSE EMPLOYMENT ACTION? If so, specify the statute.

**215.0 Investigation**

- ☒ 215.1 Have YOU OR ANYONE ACTING ON YOUR BEHALF interviewed any individual concerning the ADVERSE EMPLOYMENT ACTION? If so, for each individual state:
- (a) the name, ADDRESS, and telephone number of the individual interviewed;
  - (b) the date of the interview; and
  - (c) the name, ADDRESS, and telephone number of the PERSON who conducted the interview.
- ☒ 215.2 Have YOU OR ANYONE ACTING ON YOUR BEHALF obtained a written or recorded statement from any individual concerning the ADVERSE EMPLOYMENT ACTION? If so, for each statement state:
- (a) the name, ADDRESS, and telephone number of the individual from whom the statement was obtained;
  - (b) the name, ADDRESS, and telephone number of the individual who obtained the statement;
  - (c) the date the statement was obtained; and
  - (d) the name, ADDRESS, and telephone number of each PERSON who has the original statement or a copy.

**216.0 Denials and Special or Affirmative Defenses**

- ☒ 216.1 Identify each denial of a material allegation and each special or affirmative defense in your PLEADINGS and for each:
- (a) state all facts upon which you base the denial or special or affirmative defense;
  - (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts; and
  - (c) identify all DOCUMENTS and all other tangible things that support your denial or special or affirmative defense, and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

**217.0 Response to Request for Admissions**

- ☐ 217.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:
- (a) state the number of the request;
  - (b) state all facts upon which you base your response;
  - (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts; and
  - (d) identify all DOCUMENTS and other tangible things that support your response and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.

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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br>David M. deRubertis (SBN 208709)<br>Tyler F. Clark (SBN 258309)<br><b>The deRubertis Law Firm, PLC</b><br>4219 Coldwater Canyon Avenue<br>Studio City, California 91604<br>TELEPHONE NO.: (818)761-2322<br>FAX NO. (Optional): (818)761-2323<br>E-MAIL ADDRESS (Optional): David@deRubertisLaw.com<br>ATTORNEY FOR (Name): Plaintiffs, Brendan McPhillips, et al. |                               |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco<br>San Francisco County Superior Court<br>Civic Center Courthouse  |                               |
| SHORT TITLE OF CASE: BRENDAN McPHILLIPS, et al . v. THE INTERPUBLIC GROUP OF COMPANIES, INC., et al.   |                               |
| <b>FORM INTERROGATORIES—GENERAL</b><br>Asking Party: LEONARD SHARLET<br>Answering Party: DRAFTFCB, INC.<br>Set No.: One (1)  | CASE NUMBER:<br>CGG-12-524135 |

**Sec. 1. Instructions to All Parties**

(a) Interrogatories are written questions prepared by a party to an action that are sent to any other party in the action to be answered under oath. The interrogatories below are form interrogatories approved for use in civil cases.

(b) For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure sections 2030.010–2030.410 and the cases construing those sections.

(c) These form interrogatories do not change existing law relating to interrogatories nor do they affect an answering party's right to assert any privilege or make any objection.

**Sec. 2. Instructions to the Asking Party**

(a) These interrogatories are designed for optional use by parties in unlimited civil cases where the amount demanded exceeds \$25,000. Separate Interrogatories, Form Interrogatories—Limited Civil Cases (Economic Litigation) (form DISC-004), which have no subparts, are designed for use in limited civil cases where the amount demanded is \$25,000 or less; however, those interrogatories may also be used in unlimited civil cases.

(b) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.

(c) You may insert your own definition of **INCIDENT** in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.

(d) The interrogatories in section 16.0, Defendant's Contentions—Personal injury, should not be used until the defendant has had a reasonable opportunity to conduct an investigation or discovery of plaintiff's injuries and damages.

(e) Additional interrogatories may be attached.

**Sec. 3. Instructions to the Answering Party**

(a) An answer or other appropriate response must be given to each interrogatory checked by the asking party.

(b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared. See Code of Civil Procedure sections 2030.260–2030.270 for details.

(c) Each answer must be as complete and straightforward as the information reasonably available to you, including the information possessed by your attorneys or agents, permits. If an interrogatory cannot be answered completely, answer it to the extent possible.

(d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.

(e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.

(f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.

(g) If you are asserting a privilege or making an objection to an interrogatory, you must specifically assert the privilege or state the objection in your written response.

(h) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

*I declare under penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.*

(DATE)

(SIGNATURE)

**Sec. 4. Definitions**

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

(a) (Check one of the following):

- ☒ (1) **INCIDENT** includes the circumstances and events surrounding the alleged accident, injury, or other occurrence or breach of contract giving rise to this action or proceeding.



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- ☐ (2) **INCIDENT** means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)");

**(b) YOU OR ANYONE ACTING ON YOUR BEHALF**

Includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.

(c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, or public entity.

(d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).

(f) **ADDRESS** means the street address, including the city, state, and zip code.

**Sec. 5. Interrogatories**

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

**CONTENTS**

- 1.0 Identity of Persons Answering These Interrogatories
- 2.0 General Background Information—Individual
- 3.0 General Background Information—Business Entity
- 4.0 Insurance
- 5.0 [Reserved]
- 6.0 Physical, Mental, or Emotional Injuries
- 7.0 Property Damage
- 8.0 Loss of Income or Earning Capacity
- 9.0 Other Damages
- 10.0 Medical History
- 11.0 Other Claims and Previous Claims
- 12.0 Investigation — General
- 13.0 Investigation — Surveillance
- 14.0 Statutory or Regulatory Violations
- 15.0 Denials and Special or Affirmative Defenses
- 16.0 Defendant's Contentions Personal Injury
- 17.0 Responses to Request for Admissions
- 18.0 [Reserved]
- 19.0 [Reserved]
- 20.0 How the Incident Occurred—Motor Vehicle
- 25.0 [Reserved]
- 30.0 [Reserved]
- 40.0 [Reserved]
- 50.0 Contract
- 60.0 [Reserved]
- 70.0 Unlawful Detainer [See separate form DISC-003]
- 101.0 Economic Litigation [See separate form DISC-004]
- 200.0 Employment Law [See separate form DISC-002]
- Family Law [See separate form FL-145]

**1.0 Identity of Persons Answering These Interrogatories**

- ☐ 1.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

**2.0 General Background Information—Individual**

- ☐ 2.1 State:
- (a) your name;
  - (b) every name you have used in the past; and
  - (c) the dates you used each name.
- ☐ 2.2 State the date and place of your birth.
- ☐ 2.3 At the time of the **INCIDENT**, did you have a driver's license? If so, state:
- (a) the state or other issuing entity;
  - (b) the license number and type;
  - (c) the date of issuance; and
  - (d) all restrictions.
- ☐ 2.4 At the time of the **INCIDENT**, did you have any other permit or license for the operation of a motor vehicle? If so, state:
- (a) the state or other issuing entity;
  - (b) the license number and type;
  - (c) the date of issuance; and
  - (d) all restrictions.
- ☐ 2.5 State:
- (a) your present residence **ADDRESS**;
  - (b) your residence **ADDRESSES** for the past five years; and
  - (c) the dates you lived at each **ADDRESS**.

- ☐ 2.6 State:
- (a) the name, **ADDRESS**, and telephone number of your present employer or place of self-employment; and
  - (b) the name, **ADDRESS**, dates of employment, job title, and nature of work for each employer or self-employment you have had from five years before the **INCIDENT** until today.

- ☐ 2.7 State:
- (a) the name and **ADDRESS** of each school or other academic or vocational institution you have attended, beginning with high school;
  - (b) the dates you attended;
  - (c) the highest grade level you have completed; and
  - (d) the degrees received.

- ☐ 2.8 Have you ever been convicted of a felony? If so, for each conviction state:
- (a) the city and state where you were convicted;
  - (b) the date of conviction;
  - (c) the offense; and
  - (d) the court and case number.

- ☐ 2.9 Can you speak English with ease? If not, what language and dialect do you normally use?

- ☐ 2.10 Can you read and write English with ease? If not, what language and dialect do you normally use?

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- ☐ 2.11 At the time of the INCIDENT were you, acting as an agent or employee for any PERSON? If so, state:
- (a) the name, ADDRESS, and telephone number of that PERSON; and
  - (b) a description of your duties.

- ☐ 2.12 At the time of the INCIDENT did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the INCIDENT? If so, for each person state:
- (a) the name, ADDRESS, and telephone number;
  - (b) the nature of the disability or condition; and
  - (c) the manner in which the disability or condition contributed to the occurrence of the INCIDENT.

- ☐ 2.13 Within 24 hours before the INCIDENT did you or any person involved in the INCIDENT use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:
- (a) the name, ADDRESS, and telephone number;
  - (b) the nature or description of each substance;
  - (c) the quantity of each substance used or taken;
  - (d) the date and time of day when each substance was used or taken;
  - (e) the ADDRESS where each substance was used or taken;
  - (f) the name, ADDRESS, and telephone number of each person who was present when each substance was used or taken; and
  - (g) the name, ADDRESS, and telephone number of any HEALTH CARE PROVIDER who prescribed or furnished the substance and the condition for which it was prescribed or furnished.

### 3.0 General Background Information — Business Entity

- ☒ 3.1 Are you a corporation? If so, state:
- (a) the name stated in the current articles of incorporation;
  - (b) all other names used by the corporation during the past 10 years and the dates each was used;
  - (c) the date and place of incorporation;
  - (d) the ADDRESS of the principal place of business; and
  - (e) whether you are qualified to do business in California.
- ☒ 3.2 Are you a partnership? If so, state:
- (a) the current partnership name;
  - (b) all other names used by the partnership during the past 10 years and the dates each was used;
  - (c) whether you are a limited partnership and, if so, under the laws of what jurisdiction;
  - (d) the name and ADDRESS of each general partner; and
  - (e) the ADDRESS of the principal place of business.
- ☒ 3.3 Are you a limited liability company? If so, state:
- (a) the name stated in the current articles of organization;
  - (b) all other names used by the company during the past 10 years and the dates each was used;
  - (c) the date and place of filing of the articles of organization;
  - (d) the ADDRESS of the principal place of business; and
  - (e) whether you are qualified to do business in California.

- ☒ 3.4 Are you a joint venture? If so, state:
- (a) the current joint venture name;
  - (b) all other names used by the joint venture during the past 10 years and the dates each was used;
  - (c) the name and ADDRESS of each joint venturer; and
  - (d) the ADDRESS of the principal place of business.

- ☒ 3.5 Are you an unincorporated association? If so, state:
- (a) the current unincorporated association name;
  - (b) all other names used by the unincorporated association during the past 10 years and the dates each was used; and
  - (c) the ADDRESS of the principal place of business.

- ☒ 3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state:
- (a) the name;
  - (b) the dates each was used;
  - (c) the state and county of each fictitious name filing; and
  - (d) the ADDRESS of the principal place of business.

- ☒ 3.7 Within the past five years, has any public entity registered or licensed your business? If so, for each license or registration:
- (a) identify the license or registration;
  - (b) state the name of the public entity; and
  - (c) state the dates of issuance and expiration.

### 4.0 Insurance

- ☒ 4.1 At the time of the INCIDENT, was there in effect any policy of insurance through which you were, or might be insured in any manner (for example, primary, pro-rata, or excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the INCIDENT? If so, for each policy state:
- (a) the kind of coverage;
  - (b) the name and ADDRESS of the insurance company;
  - (c) the name, ADDRESS, and telephone number of each named insured;
  - (d) the policy number;
  - (e) the limits of coverage for each type of coverage contained in the policy;
  - (f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and
  - (g) the name, ADDRESS, and telephone number of the custodian of the policy.

- ☐ 4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the INCIDENT? If so, specify the statute.

### 5.0 [Reserved]

### 6.0 Physical, Mental, or Emotional Injuries

- ☐ 6.1 Do you attribute any physical, mental, or emotional injuries to the INCIDENT? (If your answer is "no," do not answer interrogatories 6.2 through 6.7.)
- ☐ 6.2 Identify each injury you attribute to the INCIDENT and the area of your body affected.

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☐ 6.3 Do you still have any complaints that you attribute to the INCIDENT? If so, for each complaint state:

- (a) a description;
- (b) whether the complaint is subsiding, remaining the same, or becoming worse; and
- (c) the frequency and duration.

☐ 6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure sections 2034.210-2034.310) or treatment from a HEALTH CARE PROVIDER for any injury you attribute to the INCIDENT? If so, for each HEALTH CARE PROVIDER state:

- (a) the name, ADDRESS, and telephone number;
- (b) the type of consultation, examination, or treatment provided;
- (c) the dates you received consultation, examination, or treatment; and
- (d) the charges to date.

☐ 6.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the INCIDENT? If so, for each medication state:

- (a) the name;
- (b) the PERSON who prescribed or furnished it;
- (c) the date it was prescribed or furnished;
- (d) the dates you began and stopped taking it; and
- (e) the cost to date.

☐ 6.6 Are there any other medical services necessitated by the injuries that you attribute to the INCIDENT that were not previously listed (for example, ambulance, nursing, prosthetics)? If so, for each service state:

- (a) the nature;
- (b) the date;
- (c) the cost; and
- (d) the name, ADDRESS, and telephone number of each provider.

☐ 6.7 Has any HEALTH CARE PROVIDER advised that you may require future or additional treatment for any injuries that you attribute to the INCIDENT? If so, for each injury state:

- (a) the name and ADDRESS of each HEALTH CARE PROVIDER;
- (b) the complaints for which the treatment was advised; and
- (c) the nature, duration, and estimated cost of the treatment.

#### 7.0 Property Damage

☐ 7.1 Do you attribute any loss of or damage to a vehicle or other property to the INCIDENT? If so, for each item of property:

- (a) describe the property;
- (b) describe the nature and location of the damage to the property;

- (c) state the amount of damage you are claiming for each item of property and how the amount was calculated; and
- (d) if the property was sold, state the name, ADDRESS, and telephone number of the seller, the date of sale, and the sale price.

☐ 7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:

- (a) the name, ADDRESS, and telephone number of the PERSON who prepared it and the date prepared;
- (b) the name, ADDRESS, and telephone number of each PERSON who has a copy of it; and
- (c) the amount of damage stated.

☐ 7.3 Has any item of property referred to in your answer to interrogatory 7.1 been repaired? If so, for each item state:

- (a) the date repaired;
- (b) a description of the repair;
- (c) the repair cost;
- (d) the name, ADDRESS, and telephone number of the PERSON who repaired it;
- (e) the name, ADDRESS, and telephone number of the PERSON who paid for the repair.

#### 8.0 Loss of Income or Earning Capacity

☐ 8.1 Do you attribute any loss of income or earning capacity to the INCIDENT? (If your answer is "no," do not answer interrogatories 8.2 through 8.8).

☐ 8.2 State:

- (a) the nature of your work;
- (b) your job title at the time of the INCIDENT; and
- (c) the date your employment began.

☐ 8.3 State the last date before the INCIDENT that you worked for compensation.

☐ 8.4 State your monthly income at the time of the INCIDENT and how the amount was calculated.

☐ 8.5 State the date you returned to work at each place of employment following the INCIDENT.

☐ 8.6 State the dates you did not work and for which you lost income as a result of the INCIDENT.

☐ 8.7 State the total income you have lost to date as a result of the INCIDENT and how the amount was calculated.

☐ 8.8 Will you lose income in the future as a result of the INCIDENT? If so, state:

- (a) the facts upon which you base this contention;
- (b) an estimate of the amount;
- (c) an estimate of how long you will be unable to work; and
- (d) how the claim for future income is calculated.



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## 9.0 Other Damages

- ☐ 9.1 Are there any other damages that you attribute to the INCIDENT? If so, for each item of damage state:
- (a) the nature;
  - (b) the date it occurred;
  - (c) the amount; and
  - (d) the name, ADDRESS, and telephone number of each PERSON to whom an obligation was incurred.

- ☐ 9.2 Do any DOCUMENTS support the existence or amount of any item of damages claimed in interrogatory 9.1? If so, describe each document and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

## 10.0 Medical History

- ☐ 10.1 At any time before the INCIDENT did you have complaints or injuries that involved the same part of your body claimed to have been injured in the INCIDENT? If so, for each state:
- (a) a description of the complaint or injury;
  - (b) the dates it began and ended; and
  - (c) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER whom you consulted or who examined or treated you.

- ☐ 10.2 List all physical, mental, and emotional disabilities you had immediately before the INCIDENT. (You may omit mental or emotional disabilities unless you attribute any mental or emotional injury to the INCIDENT.)

- ☐ 10.3 At any time after the INCIDENT, did you sustain injuries of the kind for which you are now claiming damages? If so, for each incident giving rise to an injury state:
- (a) the date and the place it occurred;
  - (b) the name, ADDRESS, and telephone number of any other PERSON involved;
  - (c) the nature of any injuries you sustained;
  - (d) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER who you consulted or who examined or treated you; and
  - (e) the nature of the treatment and its duration.

## 11.0 Other Claims and Previous Claims

- ☐ 11.1 Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:
- (a) the date, time, and place and location (closest street ADDRESS or intersection) of the INCIDENT giving rise to the action, claim, or demand;
  - (b) the name, ADDRESS, and telephone number of each PERSON against whom the claim or demand was made or the action filed;

- (c) the court, names of the parties, and case number of any action filed;
- (d) the name, ADDRESS, and telephone number of any attorney representing you;
- (e) whether the claim or action has been resolved or is pending; and
- (f) a description of the injury.

- ☐ 11.2 In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each claim or demand state:
- (a) the date, time, and place of the INCIDENT giving rise to the claim;
  - (b) the name, ADDRESS, and telephone number of your employer at the time of the injury;
  - (c) the name, ADDRESS, and telephone number of the workers' compensation insurer and the claim number;
  - (d) the period of time during which you received workers' compensation benefits;
  - (e) a description of the injury;
  - (f) the name, ADDRESS, and telephone number of any HEALTH CARE PROVIDER who provided services; and
  - (g) the case number at the Workers' Compensation Appeals Board.

## 12.0 Investigation—General

- ☒ 12.1 State the name, ADDRESS, and telephone number of each individual:

- (a) who witnessed the INCIDENT or the events occurring immediately before or after the INCIDENT;
- (b) who made any statement at the scene of the INCIDENT;
- (c) who heard any statements made about the INCIDENT by any individual at the scene; and
- (d) who YOU OR ANYONE ACTING ON YOUR BEHALF claim has knowledge of the INCIDENT (except for expert witnesses covered by Code of Civil Procedure section 2034).

- ☒ 12.2 Have YOU OR ANYONE ACTING ON YOUR BEHALF interviewed any individual concerning the INCIDENT? If so, for each individual state:

- (a) the name, ADDRESS, and telephone number of the individual interviewed;
- (b) the date of the interview; and
- (c) the name, ADDRESS, and telephone number of the PERSON who conducted the interview.

- ☒ 12.3 Have YOU OR ANYONE ACTING ON YOUR BEHALF obtained a written or recorded statement from any individual concerning the INCIDENT? If so, for each statement state:

- (a) the name, ADDRESS, and telephone number of the individual from whom the statement was obtained;
- (b) the name, ADDRESS, and telephone number of the individual who obtained the statement;
- (c) the date the statement was obtained; and
- (d) the name, ADDRESS, and telephone number of each PERSON who has the original statement or a copy.

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☒ 12.4 Do YOU OR ANYONE ACTING ON YOUR BEHALF know of any photographs, films, or videotapes depicting any place, object, or individual concerning the INCIDENT or plaintiff's injuries? If so, state:

- (a) the number of photographs or feet of film or videotape;
- (b) the places, objects, or persons photographed, filmed, or videotaped;
- (c) the date the photographs, films, or videotapes were taken;
- (d) the name, ADDRESS, and telephone number of the individual taking the photographs, films, or videotapes; and
- (e) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of the photographs, films, or videotapes.

☒ 12.5 Do YOU OR ANYONE ACTING ON YOUR BEHALF know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure sections 2034.210-2034.310) concerning the INCIDENT? If so, for each item state:

- (a) the type (i.e., diagram, reproduction, or model);
- (b) the subject matter; and
- (c) the name, ADDRESS, and telephone number of each PERSON who has it.

☒ 12.6 Was a report made by any PERSON concerning the INCIDENT? If so, state:

- (a) the name, title, identification number, and employer of the PERSON who made the report;
- (b) the date and type of report made;
- (c) the name, ADDRESS, and telephone number of the PERSON for whom the report was made; and
- (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of the report.

☒ 12.7 Have YOU OR ANYONE ACTING ON YOUR BEHALF inspected the scene of the INCIDENT? If so, for each inspection state:

- (a) the name, ADDRESS, and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure sections 2034.210-2034.310); and
- (b) the date of the inspection.

### 13.0 Investigation—Surveillance

☐ 13.1 Have YOU OR ANYONE ACTING ON YOUR BEHALF conducted surveillance of any individual involved in the INCIDENT or any party to this action? If so, for each surveillance state:

- (a) the name, ADDRESS, and telephone number of the individual or party;
- (b) the time, date, and place of the surveillance;
- (c) the name, ADDRESS, and telephone number of the individual who conducted the surveillance; and
- (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of any surveillance photograph, film, or videotape.

☐ 13.2 Has a written report been prepared on the surveillance? If so, for each written report state:

- (a) the title;
- (b) the date;
- (c) the name, ADDRESS, and telephone number of the individual who prepared the report; and
- (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy.

### 14.0 Statutory or Regulatory Violations

☐ 14.1 Do YOU OR ANYONE ACTING ON YOUR BEHALF contend that any PERSON involved in the INCIDENT violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the INCIDENT? If so, identify the name, ADDRESS, and telephone number of each PERSON and the statute, ordinance, or regulation that was violated.

☐ 14.2 Was any PERSON cited or charged with a violation of any statute, ordinance, or regulation as a result of this INCIDENT? If so, for each PERSON state:

- (a) the name, ADDRESS, and telephone number of the PERSON;
- (b) the statute, ordinance, or regulation allegedly violated;
- (c) whether the PERSON entered a plea in response to the citation or charge and, if so, the plea entered; and
- (d) the name and ADDRESS of the court or administrative agency, names of the parties, and case number.

### 15.0 Denials and Special or Affirmative Defenses

☒ 15.1 Identify each denial of a material allegation and each special or affirmative defense in your pleadings and for each:

- (a) state all facts upon which you base the denial or special or affirmative defense;
- (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts; and
- (c) identify all DOCUMENTS and other tangible things that support your denial or special or affirmative defense, and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

### 16.0 Defendant's Contentions—Personal Injury

☐ 16.1 Do you contend that any PERSON, other than you or plaintiff, contributed to the occurrence of the INCIDENT or the injuries or damages claimed by plaintiff? If so, for each PERSON:

- (a) state the name, ADDRESS, and telephone number of the PERSON;
- (b) state all facts upon which you base your contention;
- (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
- (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.

☐ 16.2 Do you contend that plaintiff was not injured in the INCIDENT? If so:

- (a) state all facts upon which you base your contention;
- (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
- (c) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.



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- ☐ 16.3 Do you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the INCIDENT? If so, for each injury:
- Identify it;
  - state all facts upon which you base your contention;
  - state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.
- ☐ 16.4 Do you contend that any of the services furnished by any HEALTH CARE PROVIDER claimed by plaintiff in discovery proceedings thus far in this case were not due to the INCIDENT? If so:
- Identify each service;
  - state all facts upon which you base your contention;
  - state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.
- ☐ 16.5 Do you contend that any of the costs of services furnished by any HEALTH CARE PROVIDER claimed as damages by plaintiff in discovery proceedings thus far in this case were not necessary or unreasonable? If so:
- Identify each cost;
  - state all facts upon which you base your contention;
  - state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.
- ☐ 16.6 Do you contend that any part of the loss of earnings or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the INCIDENT? If so:
- Identify each part of the loss;
  - state all facts upon which you base your contention;
  - state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.
- ☐ 16.7 Do you contend that any of the property damage claimed by plaintiff in discovery Proceedings thus far in this case was not caused by the INCIDENT? If so:
- Identify each item of property damage;
  - state all facts upon which you base your contention;
  - state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.
- ☐ 16.8 Do you contend that any of the costs of repairing the property damage claimed by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:
- Identify each cost item;
  - state all facts upon which you base your contention;
  - state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
  - identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.
- ☐ 16.9 Do YOU OR ANYONE ACTING ON YOUR BEHALF have any DOCUMENT (for example, insurance bureau index reports) concerning claims for personal injuries made before or after the INCIDENT by a plaintiff in this case? If so, for each plaintiff state:
- the source of each DOCUMENT;
  - the date each claim arose;
  - the nature of each claim; and
  - the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.
- ☐ 16.10 Do YOU OR ANYONE ACTING ON YOUR BEHALF have any DOCUMENT concerning the past or present physical, mental, or emotional condition of any plaintiff in this case from a HEALTH CARE PROVIDER not previously identified (except for expert witnesses covered by Code of Civil Procedure sections 2034.210-2034.310)? If so, for each plaintiff state:
- the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER;
  - a description of each DOCUMENT; and
  - the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.
- 17.0 Responses to Request for Admissions.
- ☐ 17.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:
- state the number of the request;
  - state all facts upon which you base your response;
  - state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts; and
  - identify all DOCUMENTS and other tangible things that support your response and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.
- 18.0 [Reserved]
- 19.0 [Reserved]
- 20.0 How the Incident Occurred—Motor Vehicle
- ☐ 20.1 State the date, time, and place of the INCIDENT (closest street ADDRESS or intersection).
- ☐ 20.2 For each vehicle involved in the INCIDENT, state:
- the year, make, model, and license number;
  - the name, ADDRESS, and telephone number of the driver;



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- (c) the name, ADDRESS, and telephone number of each occupant other than the driver;
- (d) the name, ADDRESS, and telephone number of each registered owner;
- (e) the name, ADDRESS, and telephone number of each lessee;
- (f) the name, ADDRESS, and telephone number of each owner other than the registered owner or lien holder; and
- (g) the name of each owner who gave permission or consent to the driver to operate the vehicle.

☐ 20.3 State the ADDRESS and location where your trip began and the ADDRESS and location of your destination.

☐ 20.4 Describe the route that you followed from the beginning of your trip to the location of the INCIDENT, and state the location of each stop, other than routine traffic stops, during the trip leading up to the INCIDENT.

☐ 20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the INCIDENT for the 500 feet of travel before the INCIDENT.

☐ 20.6 Did the INCIDENT occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.

☐ 20.7 Was there a traffic signal facing you at the time of the INCIDENT? If so, state:

- (a) your location when you first saw it;
- (b) the color;
- (c) the number of seconds it had been that color; and
- (d) whether the color changed between the time you first saw it and the INCIDENT.

☐ 20.8 State how the INCIDENT occurred, giving the speed, direction, and location of each vehicle involved:

- (a) just before the INCIDENT;
- (b) at the time of the INCIDENT; and
- (c) just after the INCIDENT.

☐ 20.9 Do you have information that a malfunction or defect in a vehicle caused the INCIDENT? If so:

- (a) identify the vehicle;
- (b) identify each malfunction or defect;
- (c) state the name, ADDRESS, and telephone number of each PERSON who is a witness to or has information about each malfunction or defect; and
- (d) state the name, ADDRESS, and telephone number of each PERSON who has custody of each defective part.

☐ 20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the INCIDENT? If so:

- (a) identify the vehicle;
- (b) identify each malfunction or defect;
- (c) state the name, ADDRESS, and telephone number of each PERSON who is a witness to or has information about each malfunction or defect; and

- (d) state the name, ADDRESS, and telephone number of each PERSON who has custody of each defective part.

☐ 20.11 State the name, ADDRESS, and telephone number of each owner and each PERSON who has had possession since the INCIDENT of each vehicle involved in the INCIDENT.

25.0 [Reserved]

30.0 [Reserved]

40.0 [Reserved]

#### 50.0 Contract

☐ 50.1 For each agreement alleged in the pleadings:

- (a) identify each DOCUMENT that is part of the agreement and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;
- (b) state each part of the agreement not in writing, the name, ADDRESS, and telephone number of each PERSON agreeing to that provision, and the date that part of the agreement was made;
- (c) identify all DOCUMENTS that evidence any part of the agreement not in writing and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;
- (d) identify all DOCUMENTS that are part of any modification to the agreement, and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;
- (e) state each modification not in writing, the date, and the name, ADDRESS, and telephone number of each PERSON agreeing to the modification; and the date the modification was made;
- (f) identify all DOCUMENTS that evidence any modification of the agreement not in writing and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT.

☐ 50.2 Was there a breach of any agreement alleged in the pleadings? If so, for each breach describe and give the date of every act or omission that you claim is the breach of the agreement.

☐ 50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.

☐ 50.4 Was any agreement alleged in the pleadings terminated by mutual agreement, release, accord and satisfaction, or novation? If so, identify each agreement terminated, the date of termination, and the basis of the termination.

☐ 50.5 Is any agreement alleged in the pleadings unenforceable? If so, identify each unenforceable agreement and state why it is unenforceable.

☐ 50.6 Is any agreement alleged in the pleadings ambiguous? If so, identify each ambiguous agreement and state why it is ambiguous.

60.0 [Reserved]



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Attorneys for Plaintiffs  
 Brendan McPhillips, Leonard Sharlet,  
 John Brushwood and Evan Franco

**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
 FOR THE COUNTY OF SAN FRANCISCO**

BRENDAN McPHILLIPS, an individual,  
 LEONARD SHARLET, an individual,  
 JOHN BRUSHWOOD, an individual, and  
 EVAN FRANCO, an individual,

Plaintiffs,

v.

THE INTERPUBLIC GROUP OF  
 COMPANIES, INC., a Delaware Corporation;  
 DRAFTFCB, INC., a Delaware Corporation;  
 and DOES 1 through 50, inclusive,

Defendants.

Case No.: CGG-12-524135

**SPECIAL INTERROGATORIES, SET  
 ONE, PROPOUNDED BY PLAINTIFF  
 BRENDAN McPHILLIPS TO  
 DEFENDANT DRAFTFCB, INC.;  
 DECLARATION OF NECESSITY**

Complaint Filed: September 12, 201  
 Trial Date: None

**PROPOUNDING PARTY: BRENDAN McPHILLIPS**

**RESPONDING PARTY: DRAFTFCB, INC.**

**SET NUMBER: ONE (1)**

You are requested to answer the following interrogatories, separately, fully, in writing, and under oath, and serve a copy of said answers no later than thirty days from the date of service of this request. Please furnish all responsive information that is presently available to you.

**SPECIAL INTERROGATORY NO. 1: IDENTIFY** the person who has the most knowledge of the reasons that PLAINTIFF was TERMINATED ("IDENTIFY" or "IDENTIFYING" means: (a) with respect to an individual, state the person's name, job title at the time in question, employer and business address and telephone at the time in question, employer.



1 and business address and telephone at the time in question and dates of employment (if an  
 2 employee of YOURS), and current or last known employer, business address, and home address  
 3 and telephone; (b) with respect to a company, state the name of the company, the place of  
 4 incorporation of the company, and the address of the company's principal place of business; (c)  
 5 with respect to a DOCUMENT, state the names of the author or creator and the addressee, the  
 6 subject matter or title, the date of the DOCUMENT, its present location AND custodian, and, if  
 7 the DOCUMENT is an insurance policy or cover note, the policy number or cover note number;  
 8 (d) with respect to a meeting, state the date, location, and subject matter of the meeting, and  
 9 IDENTIFY the participants in the meeting; (e) with respect to an insurance claim, or notice of  
 10 potential claim, state the identity of the policyholder; and (g) with respect to a lawsuit, state the  
 11 names of the parties, docket number, court, and the current status of the litigation. "PLAINTIFF"  
 12 refers to, Brendan McPhillips, a Plaintiff in this action. "TERMINATE," "TERMINATE," OR  
 13 "TERMINATION" means the separation from employment by an employee of YOURS, whether  
 14 the employee is fired, terminated, laid-off, voluntarily quits, mutually agrees with YOU to leave  
 15 employment or any other end of the employment relationship).

16 **SPECIAL INTERROGATORY NO. 2: IDENTIFY** each and every person who had any  
 17 input into or participated in any way in the decision to TERMINATE PLAINTIFF, including but  
 18 not limited to those who made the actual decision and those who, directly or indirectly, supplied  
 19 information to the decision-makers.

20 **SPECIAL INTERROGATORY NO. 3: For each and every person who had any input**  
 21 into or participated in any way in the decision to TERMINATE PLAINTIFF, describe or explain  
 22 that person's role in the decision to terminate PLAINTIFF, including but not limited to whether he  
 23 or she made the decision to TERMINATE PLAINTIFF and/or supplied information upon which  
 24 the TERMINATION decision was based.

25 **SPECIAL INTERROGATORY NO. 4: IDENTIFY** any and all DOCUMENTS  
 26 reviewed, considered, used, read, or relied upon in the decision to TERMINATE PLAINTIFF  
 27 ("DOCUMENT" means all originals, drafts and copies that differ in any way from the originals of  
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1 all written, recorded or graphic matter, whether produced or reproduced by handwriting, magnetic  
 2 recording, photograph, printing, tape, transcription of spoken language or other record of spoken  
 3 language, typewriting, writing or any other means as defined in Evidence Code §250, and includes  
 4 without limitation agreements, appointment books, bank statements, bills, books, business records,  
 5 facsimiles, calendars, cards, checks, charts, computer printouts and tapes, correspondence, diaries,  
 6 file cards, films, financial statements and reports, handwritten notes, including "post-it" or other  
 7 type adhesive notes, invoices, journals, ledgers, letters, logs, memoranda, memorials in any form of  
 8 telephone conversations, minutes, notes, notices, pamphlets, papers, pure orders, personnel records,  
 9 receipts, recordings, reports, telegrams and any other pertinent information set forth in written  
 10 language or any electronic representation thereof and any carbon or photostatic copies of such  
 11 material, if you do not have control over or possession of the original. "DOCUMENT" also includes  
 12 information stored by computer or on a computer disk, diskette, tape or card, as well as any  
 13 electronic recording, tape recording, photograph, video, file, microfilm, microfiche, or similar  
 14 recording of words, images, sounds, pictures, or information of any kind. "DOCUMENT" also  
 15 includes any and all drafts of, and amendments, or supplements to, any of the foregoing, whether  
 16 prepared by you or any other person, as well as copies of the DOCUMENT that differ from the copy  
 17 being produced (e.g., a differing copy is one that contains handwritten notes, interlineation  
 18 underlining, and the like.)

19 **SPECIAL INTERROGATORY NO. 5:** State in full and complete detail all of the reasons  
 20 that PLAINTIFF was TERMINATED.

21 **SPECIAL INTERROGATORY NO. 6:** State in full and complete detail any and all facts  
 22 known to YOU at the time of PLAINTIFF's TERMINATION upon which YOU based YOUR  
 23 decision to TERMINATE PLAINTIFF's employment ("YOU" or "YOUR" as used herein shall  
 24 mean the party to whom this discovery request is directed, and, if the party to whom this request is  
 25 directed is an entity, it shall include any and all agents, officers, directors, employees, independent  
 26 contractors or other representatives of the entity to whom this request is directed).

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1           **SPECIAL INTERROGATORY NO. 7:** Describe in full and complete detail all of  
2 PLAINTIFF's job duties at the time of TERMINATION.

3           **SPECIAL INTERROGATORY NO. 8:** Did YOU represent to PLAINTIFF in connection  
4 with his hiring or recruitment that Engage 360 was fully funded through at least the end of 2012?

5           **SPECIAL INTERROGATORY NO. 9:** If YOU represented to PLAINTIFF in connection  
6 with his hiring or recruitment that Engage 360 was fully funded through at least the end of 2012,  
7 IDENTIFY each and every DOCUMENT RELATING or PERTAINING to that representation.  
8 ("PERTAINING" and "RELATING," as used in this request, means evidencing, memorializing,  
9 referring, constituting, containing, discussing, describing, embodying, reflecting, identifying,  
10 mentioning, stating, or otherwise relating to in any way, in whole or in part, the subject matter  
11 referred to in this request.).

12           **SPECIAL INTERROGATORY NO. 10:** If YOU represented to PLAINTIFF in  
13 connection with his hiring or recruitment that Engage 360 was fully funded through at least the end  
14 of 2012, IDENTIFY each and every person or individual employed by YOU that made such  
15 representation(s).

16           **SPECIAL INTERROGATORY NO. 11:** If YOU represented to PLAINTIFF in connection  
17 with his hiring or recruitment that Engage 360 was fully funded through at least the end of 2012, state  
18 the date(s) on which such representation(s) was/were made.

19           **SPECIAL INTERROGATORY NO. 12:** If YOU did not represent to PLAINTIFF in  
20 connection with his hiring or recruitment that Engage 360 was fully funded through at least the end  
21 of 2012, describe in full and complete detail all statement(s) or representation(s) that YOU did make  
22 to PLAINTIFF in connection with his hiring or recruitment regarding the funding for Engage 360.

23           **SPECIAL INTERROGATORY NO. 13:** If YOU did not represent to PLAINTIFF in  
24 connection with his hiring or recruitment that Engage 360 was fully funded through at least the end  
25 of 2012, IDENTIFY each and every individual who made any statement(s) or representation(s) to  
26 PLAINTIFF in connection with his hiring or recruitment regarding the funding for Engage 360.



1       **SPECIAL INTERROGATORY NO. 14:** If YOU did not represent to PLAINTIFF in  
2 connection with his hiring or recruitment that Engage 360 was fully funded through at least the end  
3 of 2012, IDENTIFY each and every DOCUMENT RELATING to or describing any statement(s) or  
4 representation(s) made to PLAINTIFF in connection with his hiring or recruitment regarding the  
5 funding for Engage 360.

6       **SPECIAL INTERROGATORY NO. 15:** For each and every statement(s) or  
7 representation(s) made to PLAINTIFF in connection with his hiring or recruitment regarding the  
8 funding for Engage 360, state the date(s) on which such statement(s) or representation(s) was/were  
9 made.

10       **SPECIAL INTERROGATORY NO. 16:** If YOU did not represent to PLAINTIFF in  
11 connection with his hiring or recruitment that Engage 360 was fully funded through at least the end  
12 of 2012, describe in full and complete detail all statement(s) or representation(s) that YOU did make  
13 to PLAINTIFF in connection with his hiring or recruitment regarding the funding for Engage 360.

14       **SPECIAL INTERROGATORY NO. 17:** If YOU did not represent to PLAINTIFF in  
15 connection with his hiring or recruitment that Engage 360 was fully funded through at least the end  
16 of 2012, please state in full and complete detail all statements or representations that YOU did make  
17 to PLAINTIFF in connection with his hiring or recruitment regarding the anticipated length of the  
18 Engage 360 campaign.

19       **SPECIAL INTERROGATORY NO. 18:** If YOU did not represent to PLAINTIFF in  
20 connection with his hiring or recruitment that Engage 360 was fully funded through at least the end  
21 of 2012, IDENTIFY each and every individual who made any statement(s) or representation(s) to  
22 PLAINTIFF in connection with his hiring or recruitment regarding the anticipated length of the  
23 Engage 360 campaign.

24       **SPECIAL INTERROGATORY NO. 19:** If YOU did not represent to PLAINTIFF in  
25 connection with his hiring or recruitment that Engage 360 was fully funded through at least the end  
26 of 2012, IDENTIFY each and every DOCUMENT RELATING to or describing any statement(s) or  
27  
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1 representation(s) made to PLAINTIFF in connection with his hiring or recruitment regarding the  
2 anticipated length of the Engage 360 campaign.

3 **SPECIAL INTERROGATORY NO. 20:** For each and every statement(s) or  
4 representation(s) made to PLAINTIFF in connection with his hiring or recruitment regarding the  
5 anticipated length of the Engage 360 campaign, state the date(s) on which such statement(s) or  
6 representation(s) was/were made.

7 **SPECIAL INTERROGATORY NO. 21:** IDENTIFY each and every person that was  
8 TERMINATED by YOU because Engage 360 lost funding.

9 **SPECIAL INTERROGATORY NO. 22:** IDENTIFY any and all DOCUMENTS  
10 reviewed, considered, used, read, or relied upon in the decision to TERMINATE any persons other  
11 than PLAINTIFF because Engage 360 lost funding.

12 **SPECIAL INTERROGATORY NO. 23:** IDENTIFY any and all DOCUMENTS that  
13 PERTAIN or RELATING to the funding of Engage 360.

14 **SPECIAL INTERROGATORY NO. 24:** IDENTIFY the person who has the most  
15 knowledge of Engage 360's funding.

16 **SPECIAL INTERROGATORY NO. 25:** IDENTIFY each and every one of PLAINTIFF's  
17 supervisors and/or managers during his employment with YOU.

18 **SPECIAL INTERROGATORY NO. 26:** Describe in full and complete detail each and  
19 every communication, whether written or oral, made by YOU to PLAINTIFF in which YOU  
20 criticized his work performance before his TERMINATION.

21 **SPECIAL INTERROGATORY NO. 27:** IDENTIFY all DOCUMENTS that show,  
22 reflect, RELATE or PERTAIN to any and all communications, whether written or oral, made by  
23 YOU to PLAINTIFF in which YOU criticized his work performance before his TERMINATION.

24 **SPECIAL INTERROGATORY NO. 28:** State PLAINTIFF's monthly earnings while  
25 employed by YOU by date and amount.

26 **SPECIAL INTERROGATORY NO. 29:** State PLAINTIFF's annual earnings while he  
27 was employed by YOU.

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1           **SPECIAL INTERROGATORY NO. 30:** Describe (including by describing the value to  
2   PLAINTIFF or the cost to YOU) each form of non-wage compensation or fringe benefit that  
3   PLAINTIFF was entitled to receive or did receive while employed by YOU, including but not  
4   limited to health or other insurance, stock options, bonuses, deferred compensation, retirement  
5   benefits or other forms of non-wage compensation during his employment with you.

6           **SPECIAL INTERROGATORY NO. 31:** State each job position PLAINTIFF held while  
7   employed by YOU.

8           **SPECIAL INTERROGATORY NO. 32:** For each job position that PLAINTIFF held while  
9   employed by YOU, state the date(s) on which PLAINTIFF held the position.

10          **SPECIAL INTERROGATORY NO. 33:** Describe in full and complete detail the job  
11   duties of Sarah Davis in effect in 2011 to present.

12          **SPECIAL INTERROGATORY NO. 34:** Describe in full and complete detail the job  
13   duties of Jackson Taylor in effect in 2011 to present.

14          **SPECIAL INTERROGATORY NO. 35:** Describe in full and complete detail the job  
15   duties of Jen Sokol in effect in 2011 to present.

16          **SPECIAL INTERROGATORY NO. 36:** Describe in full and complete detail the job  
17   duties of Justin Calhoun in effect in 2011 to present.

18          **SPECIAL INTERROGATORY NO. 37:** IDENTIFY each and every person who  
19   participated in the hiring or recruitment of PLAINTIFF.

20          **SPECIAL INTERROGATORY NO. 38:** For each and every person who participated  
21   in the hiring or recruitment of PLAINTIFF, describe or explain that persons role in hiring or  
22   recruitment of PLAINTIFF.

23          **SPECIAL INTERROGATORY NO. 39:** IDENTIFY any and all DOCUMENTS  
24   reviewed, considered, used, or relied upon in the decision to hire or recruit PLAINTIFF.

25          **SPECIAL INTERROGATORY NO. 40:** State in full and complete detail any and all  
26   representation(s) made by YOU to PLAINTIFF PERTAINING or RELATING to his employment  
27   with YOU during the hiring or recruitment process.

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1           **SPECIAL INTERROGATORY NO. 41:** IDENTIFY each and every person who made any  
2 representation(s) to PLAINTIFF PERTAINING or RELATING to his employment with YOU during  
3 the hiring or recruitment process.

4           **SPECIAL INTERROGATORY NO. 42:** IDENTIFY each and every DOCUMENT that  
5 describes, summarizes, constitutes or RELATES to any representation(s) YOU made to PLAINTIFF  
6 RELATING to his employment with YOU during the hiring or recruitment process.

7           **SPECIAL INTERROGATORY NO. 43:** For each and every representation(s) made to  
8 PLAINTIFF by YOU or on YOUR behalf to PLAINTIFF PERTAINING or RELATING to his  
9 employment with YOU during the hiring or recruitment process, state the date(s) on which such  
10 representation(s) were/was made.

11  
12 DATED: November 15, 2012

The deRubertis Law Firm, PLC

13 By 

David M. deRubertis, Esq.

Tyler F. Clark, Esq.

Attorneys for Plaintiffs

Brendan McPhillips, Leonard Sharlet,

John Brushwood and Evan Franco

**DECLARATION OF DAVID M. DERUBERTIS, ESQ.:**

I, David M. deRubertis, Esq., hereby declare as follows:

1. I am an attorney at the deRubertis Law Firm, PLC, an attorneys of record for Brendan McPhillips, a plaintiff in this action,

2. I am propounding to Defendant DraftFCB, Inc. the attached set of specially interrogatories.

3. This set of interrogatories will cause the total number of special interrogatories propounded to the party to whom they are directed to exceed the number of requests permitted by Section 2030.030 of the Code of Civil Procedure.

4. I have previously propounded a total of zero (0) special interrogatories to this party.

5. This set of special interrogatories contains a total of forty three (43) special interrogatories.

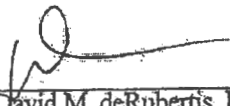
6. I am familiar with the issues and the previous discovery conducted by all the parties in this case.

7. I have personally examined each of the questions in this set of interrogatories.

8. This number of questions is warranted under Section 2030.040 of the Code of Civil Procedure because of the complexity and the quantity of the existing and potential issues in this case, and the expedience of using this method of discovery to provide the responding party the opportunity to conduct an inquiry, investigation, or search of files or records to supply the information sought. Furthermore, the Complaint alleges numerous acts against the Defendant, as well as issues of the Defendant's liability for the acts of another. Plus, Defendants will raise numerous affirmative defenses. This procedure is more expeditious than alternative methods of seeking this information.

9. None of the Requests is being propounded for any improper purpose, such as to harass the party, or the attorney for the party, to whom it is directed, or to cause unnecessary delay or needless increase in the cost of litigation.

1 I declare under the penalty of perjury under the laws of California that the foregoing is true  
2 and correct and that this declaration was executed on November 15, 2012.

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5 David M. deRubertis, Esq.  
6 Declarant  
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DISC-002

|   |                               |
|---|-------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and address):<br>David M. deRubertis (SBN 208709)<br>Tyler F. Clark (SBN 258309)<br>The deRubertis Law Firm, PLC<br>4219 Coldwater Canyon Avenue<br>Studio City, California 91604<br>TELEPHONE NO.: (818) 761-2322 FAX NO. (Optional): (818) 761-2323<br>E-MAIL ADDRESS (Optional): David@deRubertisLaw.com<br>ATTORNEY FOR (Name): Plaintiffs Brendan McPhillips, et al. |                               |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco<br>Civic Center Courthouse<br>400 McAllister Street<br>San Francisco, California 94102  |                               |
| SHORT TITLE: BRENDAN McPHILLIPS, et al. v. THE INTERPUBLIC GROUP OF COMPANIES, INC., et al.   |                               |
| FORM INTERROGATORIES – EMPLOYMENT LAW<br>Asking Party: BRENDAN McPHILLIPS<br>Answering Party: DRAFTFCB, INC.<br>Set No.: One (1)  | CASE NUMBER:<br>CGG-12-524135 |

**Sec. 1. Instructions to All Parties**

- (a) Interrogatories are written questions prepared by a party to an action that are sent to any other party in the action to be answered under oath. The interrogatories below are form interrogatories approved for use in employment cases.
- (b) For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure sections 2030.010–2030.410 and the cases construing those sections.
- (c) These form interrogatories do not change existing law relating to interrogatories nor do they affect an answering party's right to assert any privilege or make any objection.

**Sec. 2. Instructions to the Asking Party**

- (a) These form interrogatories are designed for optional use by parties in employment cases. (Separate sets of interrogatories, *Form Interrogatories—General* (form DISC-001) and *Form Interrogatories—Limited Civil Cases (Economic Litigation)* (form DISC-004) may also be used where applicable in employment cases.)
- (b) Insert the names of the **EMPLOYEE** and **EMPLOYER** to whom these interrogatories apply in the definitions in sections 4(d) and (e) below.
- (c) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.
- (d) The interrogatories in section 211.0, Loss of Income Interrogatories to Employer, should not be used until the employer has had a reasonable opportunity to conduct an investigation or discovery of the employee's injuries and damages.
- (e) Additional interrogatories may be attached.

**Sec. 3. Instructions to the Answering Party**

- (a) You must answer or provide another appropriate response to each interrogatory that has been checked below.
- (b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on all other parties to the action who have appeared. See Code of Civil Procedure sections 2030.260–2030.270 for details.

- (c) Each answer must be as complete and straightforward as the information reasonably available to you permits. If an interrogatory cannot be answered completely, answer it to the extent possible.
- (d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.
- (e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.
- (f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.
- (g) If you are asserting a privilege or making an objection to an interrogatory, you must specifically assert the privilege or state the objection in your written response.
- (h) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

*I declare under penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.*

(DATE)

(SIGNATURE)

**Sec. 4. Definitions**

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

- (a) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, or public entity.

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- (b) **YOU OR ANYONE ACTING ON YOUR BEHALF** includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.
- (c) **EMPLOYMENT** means a relationship in which an **EMPLOYEE** provides services requested by or on behalf of an **EMPLOYER**, other than an independent contractor relationship.
- (d) **EMPLOYEE** means a **PERSON** who provides services in an **EMPLOYMENT** relationship and who is a party to this lawsuit. For purposes of these interrogatories, **EMPLOYEE** refers to (insert name):
- (If no name is inserted, **EMPLOYEE** means all such **PERSONS**.)
- (e) **EMPLOYER** means a **PERSON** who employs an **EMPLOYEE** to provide services in an **EMPLOYMENT** relationship and who is a party to this lawsuit. For purposes of these interrogatories, **EMPLOYER** refers to (insert name):
- (If no name is inserted, **EMPLOYER** means all such **PERSONS**.)
- (f) **ADVERSE EMPLOYMENT ACTION** means any **TERMINATION**, suspension, demotion, reprimand, loss of pay, failure or refusal to hire, failure or refusal to promote, or other action or failure to act that adversely affects the **EMPLOYEE'S** rights or interests and which is alleged in the **PLEADINGS**.
- (g) **TERMINATION** means the actual or constructive termination of employment and includes a discharge, firing, layoff, resignation, or completion of the term of the employment agreement.
- (h) **PUBLISH** means to communicate orally or in writing to anyone other than the plaintiff. This includes communications by one of the defendant's employees to others. (*Kelly v. General Telephone Co.* (1982) 136 Cal.App.3d 278, 284.)
- (i) **PLEADINGS** means the original or most recent amended version of any complaint, answer, cross-complaint, or answer to cross-complaint.
- (j) **BENEFIT** means any benefit from an **EMPLOYER**, including an "employee welfare benefit plan" or "employee pension benefit plan" within the meaning of Title 29 United States Code section 1002(1) or (2) or ERISA.
- (k) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).
- (l) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.
- (m) **ADDRESS** means the street address, including the city, state, and zip code.

## Sec. 5. Interrogatories

The following interrogatories for employment law cases have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

## CONTENTS

- 200.0 Contract Formation
- 201.0 Adverse Employment Action
- 202.0 Discrimination Interrogatories to Employee
- 203.0 Harassment Interrogatories to Employee
- 204.0 Disability Discrimination
- 205.0 Discharge in Violation of Public Policy
- 206.0 Defamation
- 207.0 Internal Complaints
- 208.0 Governmental Complaints
- 209.0 Other Employment Claims by Employee or Against Employer
- 210.0 Loss of Income Interrogatories to Employee
- 211.0 Loss of Income Interrogatories to Employer
- 212.0 Physical, Mental, or Emotional Injuries—Interrogatories to Employee
- 213.0 Other Damages Interrogatories to Employee
- 214.0 Insurance
- 215.0 Investigation
- 216.0 Denials and Special or Affirmative Defenses
- 217.0 Response to Request for Admissions

## 200.0 Contract Formation

- ☒ 200.1 Do you contend that the **EMPLOYMENT** relationship was at "at will"? If so:
- (a) state all facts upon which you base this contention;
  - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of those facts; and
  - (c) identify all **DOCUMENTS** that support your contention.
- ☒ 200.2 Do you contend that the **EMPLOYMENT** relationship was not "at will"? If so:
- (a) state all facts upon which you base this contention;
  - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of those facts; and
  - (c) identify all **DOCUMENTS** that support your contention.
- ☒ 200.3 Do you contend that the **EMPLOYMENT** relationship was governed by any agreement—written, oral, or implied? If so:
- (a) state all facts upon which you base this contention;
  - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of those facts; and
  - (c) identify all **DOCUMENTS** that support your contention.



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- ☒ 200.4 Was any part of the parties' **EMPLOYMENT** relationship governed in whole or in part by any written rules, guidelines, policies, or procedures established by the **EMPLOYER**? If so, for each **DOCUMENT** containing the written rules, guidelines, policies, or procedures:
- (a) state the date and title of the **DOCUMENT** and a general description of its contents;
  - (b) state the manner in which the **DOCUMENT** was communicated to employees; and
  - (c) state the manner, if any, in which employees acknowledged either receipt of the **DOCUMENT** or knowledge of its contents.

- ☒ 200.5 Was any part of the parties' **EMPLOYMENT** relationship covered by one or more collective bargaining agreements or memorandums of understanding between the **EMPLOYER** (or an association of employers) and any labor union or employee association? If so, for each collective bargaining agreement or memorandum of understanding, state:
- (a) the names and **ADDRESSES** of the parties to the collective bargaining agreement or memorandum of understanding;
  - (b) the beginning and ending dates, if applicable, of the collective bargaining agreement or memorandum of understanding; and
  - (c) which parts of the collective bargaining agreement or memorandum of understanding, if any, govern (1) any dispute or claim referred to in the **PLEADINGS** and (2) the rules or procedures for resolving any dispute or claim referred to in the **PLEADINGS**.

- ☒ 200.6 Do you contend that the **EMPLOYEE** and the **EMPLOYER** were in a business relationship other than an **EMPLOYMENT** relationship? If so, for each relationship:
- (a) state the names of the parties to the relationship;
  - (b) identify the relationship; and
  - (c) state all facts upon which you base your contention that the parties were in a relationship other than an **EMPLOYMENT** relationship.

#### 201.0 Adverse Employment Action

- ☒ 201.1 Was the **EMPLOYEE** involved in a **TERMINATION**? If so:
- (a) state all reasons for the **EMPLOYEE'S** **TERMINATION**;
  - (b) state the name, **ADDRESS**, and telephone number of each **PERSON** who participated in the **TERMINATION** decision;
  - (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who provided any information relied upon in the **TERMINATION** decision; and
  - (d) identify all **DOCUMENTS** relied upon in the **TERMINATION** decision.

- ☒ 201.2 Are there any facts that would support the **EMPLOYEE'S** **TERMINATION** that were first discovered after the **TERMINATION**? If so:
- (a) state the specific facts;
  - (b) state when and how **EMPLOYER** first learned of each specific fact;
  - (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who has knowledge of the specific facts; and
  - (d) identify all **DOCUMENTS** that evidence these specific facts.

- ☐ 201.3 Were there any other **ADVERSE** **EMPLOYMENT** **ACTIONS**, including (the asking party should list the **ADVERSE** **EMPLOYMENT** **ACTIONS**):

If so, for each action, provide the following:

- (a) all reasons for each **ADVERSE** **EMPLOYMENT** **ACTION**;
- (b) the name, **ADDRESS**, and telephone number of each **PERSON** who participated in making each **ADVERSE** **EMPLOYMENT** **ACTION** decision;
- (c) the name, **ADDRESS**, and telephone number of each **PERSON** who provided any information relied upon in making each **ADVERSE** **EMPLOYMENT** **ACTION** decision; and
- (d) the identity of all **DOCUMENTS** relied upon in making each **ADVERSE** **EMPLOYMENT** **ACTION** decision.

- ☒ 201.4 Was the **TERMINATION** or any other **ADVERSE** **EMPLOYMENT** **ACTIONS** referred to in Interrogatories 201.1 through 201.3 based in whole or in part on the **EMPLOYEE'S** job performance? If so, for each action:
- (a) identify the **ADVERSE** **EMPLOYMENT** **ACTION**;
  - (b) identify the **EMPLOYEE'S** specific job performance that played a role in that **ADVERSE** **EMPLOYMENT** **ACTION**;
  - (c) identify any rules, guidelines, policies, or procedures that were used to evaluate the **EMPLOYEE'S** specific job performance;
  - (d) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who had responsibility for evaluating the specific job performance of the **EMPLOYEE**;
  - (e) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the **EMPLOYEE'S** specific job performance that played a role in that **ADVERSE** **EMPLOYMENT** **ACTION**; and
  - (f) describe all warnings given with respect to the **EMPLOYEE'S** specific job performance.

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☒ 201.5 Was any PERSON hired to replace the EMPLOYEE after the EMPLOYEE'S TERMINATION or demotion? If so, state the PERSON'S name, job title, qualifications, ADDRESS and telephone number, and the date the PERSON was hired.

☒ 201.6 Has any PERSON performed any of the EMPLOYEE'S former job duties after the EMPLOYEE'S TERMINATION or demotion? If so:

- (a) state the PERSON'S name, job title, ADDRESS, and telephone number;
- (b) identify the duties; and
- (c) state the date on which the PERSON started to perform the duties.

☐ 201.7 If the ADVERSE EMPLOYMENT ACTION involved the failure or refusal to select the EMPLOYEE (for example, for hire, promotion, transfer, or training), was any other PERSON selected instead? If so, for each ADVERSE EMPLOYMENT ACTION, state the name, ADDRESS, and telephone number of each PERSON selected; the date the PERSON was selected; and the reason the PERSON was selected instead of the EMPLOYEE.

#### 202.0 Discrimination—Interrogatories to Employee

☐ 202.1 Do you contend that any ADVERSE EMPLOYMENT ACTIONS against you were discriminatory? If so:

- (a) identify each ADVERSE EMPLOYMENT ACTION that involved unlawful discrimination;
- (b) identify each characteristic (for example, gender, race, age, etc.) on which you base your claim or claims of discrimination;
- (c) state all facts upon which you base each claim of discrimination;
- (d) state the name, ADDRESS, and telephone number of each PERSON with knowledge of those facts; and
- (e) identify all DOCUMENTS evidencing those facts.

☐ 202.2 State all facts upon which you base your contention that you were qualified to perform any job which you contend was denied to you on account of unlawful discrimination.

#### 203.0 Harassment—Interrogatories to Employee

☐ 203.1 Do you contend that you were unlawfully harassed in your employment? If so:

- (a) state the name, ADDRESS, telephone number, and employment position of each PERSON whom you contend harassed you;
- (b) for each PERSON whom you contend harassed you, describe the harassment;

- (c) identify each characteristic (for example, gender, race, age, etc.) on which you base your claim of harassment;
- (d) state all facts upon which you base your contention that you were unlawfully harassed;
- (e) state the name, ADDRESS, and telephone number of each PERSON with knowledge of those facts; and
- (f) identify all DOCUMENTS evidencing those facts.

#### 204.0 Disability Discrimination

☐ 204.1 Name and describe each disability alleged in the PLEADINGS.

☐ 204.2 Does the EMPLOYEE allege any injury or illness that arose out of or in the course of EMPLOYMENT? If so, state:

- (a) the nature of such injury or illness;
- (b) how such injury or illness occurred;
- (c) the date on which such injury or illness occurred;
- (d) whether EMPLOYEE has filed a workers' compensation claim. If so, state the date and outcome of the claim; and
- (e) whether EMPLOYEE has filed or applied for disability benefits of any type. If so, state the date, identify the nature of the benefits applied for, and the outcome of any such application.

☐ 204.3 Were there any communications between the EMPLOYEE (or the EMPLOYEE'S HEALTH CARE PROVIDER) and the EMPLOYER about the type or extent of any disability of EMPLOYEE? If so:

- (a) state the name, ADDRESS, and telephone number of each person who made or received the communications;
- (b) state the name, ADDRESS, and telephone number of each PERSON who witnessed the communications;
- (c) describe the date and substance of the communications; and
- (d) identify each DOCUMENT that refers to the communications.

☐ 204.4 Did the EMPLOYER have any information about the type, existence, or extent of any disability of EMPLOYEE other than from communications with the EMPLOYEE or the EMPLOYEE'S HEALTH CARE PROVIDER? If so, state the sources and substance of that information and the name, ADDRESS, and telephone number of each PERSON who provided or received the information.

☐ 204.5 Did the EMPLOYEE need any accommodation to perform any function of the EMPLOYEE'S job position or need a transfer to another position as an accommodation? If so, describe the accommodations needed.



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☐ 204.6 Were there any communications between the EMPLOYEE (or the EMPLOYEE'S HEALTH CARE PROVIDER) and the EMPLOYER about any possible accommodation of EMPLOYEE? If so, for each communication:

- (a) state the name, ADDRESS, and telephone number of each PERSON who made or received the communication;
- (b) state the name, ADDRESS, and telephone number of each PERSON who witnessed the communication;
- (c) describe the date and substance of the communication; and
- (d) identify each DOCUMENT that refers to the communication.

☐ 204.7 What did the EMPLOYER consider doing to accommodate the EMPLOYEE? For each accommodation considered:

- (a) describe the accommodation considered;
- (b) state whether the accommodation was offered to the EMPLOYEE;
- (c) state the EMPLOYEE'S response; or
- (d) if the accommodation was not offered, state all the reasons why this decision was made;
- (e) state the name, ADDRESS, and telephone number of each PERSON who on behalf of EMPLOYER made any decision about what accommodations, if any, to make for the EMPLOYEE; and
- (f) state the name, ADDRESS, and telephone number of each PERSON who on behalf of the EMPLOYER made or received any communications about what accommodations, if any, to make for the EMPLOYEE.

#### 205.0 Discharge in Violation of Public Policy

☐ 205.1 Do you contend that the EMPLOYER took any ADVERSE EMPLOYMENT ACTION against you in violation of public policy? If so:

- (a) identify the constitutional provision, statute, regulation, or other source of the public policy that you contend was violated; and
- (b) state all facts upon which you base your contention that the EMPLOYER violated public policy.

#### 206.0 Defamation

☐ 206.1 Did the EMPLOYER'S agents or employees PUBLISH any of the allegedly defamatory statements identified in the PLEADINGS? If so, for each statement:

- (a) identify the PUBLISHED statement;
- (b) state the name, ADDRESS, telephone number, and job title of each person who PUBLISHED the statement;
- (c) state the name, ADDRESS, and telephone number of each person to whom the statement was PUBLISHED;

- (d) state whether, at the time the statement was PUBLISHED, the PERSON who PUBLISHED the statement believed it to be true; and
- (e) state all facts upon which the PERSON who published the statement based the belief that it was true.

☐ 206.2 State the name and ADDRESS of each agent or employee of the EMPLOYER who responded to any inquiries regarding the EMPLOYEE after the EMPLOYEE'S TERMINATION.

☐ 206.3 State the name and ADDRESS of the recipient and the substance of each post-TERMINATION statement PUBLISHED about EMPLOYEE by any agent or employee of EMPLOYER.

#### 207.0 Internal Complaints

☒ 207.1 Were there any internal written policies or regulations of the EMPLOYER that apply to the making of a complaint of the type that is the subject matter of this lawsuit? If so:

- (a) state the title and date of each DOCUMENT containing the policies or regulations and a general description of the DOCUMENT'S contents;
- (b) state the manner in which the DOCUMENT was communicated to EMPLOYEES;
- (c) state the manner, if any, in which EMPLOYEES acknowledged receipt of the DOCUMENT or knowledge of its contents, or both;
- (d) state, if you contend that the EMPLOYEE failed to use any available internal complaint procedures, all facts that support that contention; and
- (e) state, if you contend that the EMPLOYEE'S failure to use internal complaint procedures was excused, all facts why the EMPLOYEE'S use of the procedures was excused.

☒ 207.2 Did the EMPLOYEE complain to the EMPLOYER about any of the unlawful conduct alleged in the PLEADINGS? If so, for each complaint:

- (a) state the date of the complaint;
- (b) state the nature of the complaint;
- (c) state the name and ADDRESS of each PERSON to whom the complaint was made;
- (d) state the name, ADDRESS, telephone number, and job title of each PERSON who investigated the complaint;
- (e) state the name, ADDRESS, telephone number, and job title of each PERSON who participated in making decisions about how to conduct the investigation;



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- (f) state the name, ADDRESS, telephone number, and job title of each PERSON who was interviewed or who provided an oral or written statement as part of the investigation of the complaint;
- (g) state the nature and date of any action taken in response to the complaint;
- (h) state whether the EMPLOYEE who made the complaint was made aware of the actions taken by the EMPLOYER in response to the complaint, and, if so, state how and when;
- (i) identify all DOCUMENTS relating to the complaint, the investigation, and any action taken in response to the complaint; and
- (j) state the name, ADDRESS, and telephone number of each PERSON who has knowledge of the EMPLOYEE'S complaint or the EMPLOYER'S response to the complaint.

**208.0 Governmental Complaints**

- ☐ 208.1 Did the EMPLOYEE file a claim, complaint, or charge with any governmental agency that involved any of the material allegations made in the PLEADINGS? If so, for each claim, complaint, or charge:

- (a) state the date on which it was filed;
- (b) state the name and ADDRESS of the agency with which it was filed;
- (c) state the number assigned to the claim, complaint, or charge by the agency;
- (d) state the nature of each claim, complaint, or charge made;
- (e) state the date on which the EMPLOYER was notified of the claim, complaint, or charge;
- (f) state the name, ADDRESS, and telephone number of all PERSONS within the governmental agency with whom the EMPLOYER has had any contact or communication regarding the claim, complaint, or charge;
- (g) state whether a right to sue notice was issued and, if so, when; and
- (h) state whether any findings or conclusions regarding the complaint or charge have been made, and, if so, the date and description of the agency's findings or conclusions.

- ☐ 208.2 Did the EMPLOYER respond to any claim, complaint, or charge identified in Interrogatory 208.1? If so, for each claim, complaint, or charge:

- (a) state the nature and date of any investigation done or any other action taken by the EMPLOYER in response to the claim, complaint, or charge;
- (b) state the name, ADDRESS, telephone number, and job title of each person who investigated the claim, complaint, or charge;
- (c) state the name, ADDRESS, telephone number, and job title of each PERSON who participated in making decisions about how to conduct the investigation; and

- (d) state the name, ADDRESS, telephone number, and job title of each PERSON who was interviewed or who provided an oral or written statement as part of the investigation.

**209.0 Other Employment Claims by Employee or Against Employer**

- ☐ 209.1 Except for this action, in the past 10 years has the EMPLOYEE filed a civil action against any employer regarding the EMPLOYEE'S employment? If so, for each civil action:

- (a) state the name, ADDRESS, and telephone number of each employer against whom the action was filed;
- (b) state the court, names of the parties, and case number of the civil action;
- (c) state the name, ADDRESS, and telephone number of any attorney representing the EMPLOYEE; and
- (d) state whether the action has been resolved or is pending.

- ☒ 209.2 Except for this action, in the past 10 years has any employee filed a civil action against the EMPLOYER regarding his or her employment? If so, for each civil action:

- (a) state the name, ADDRESS, and telephone number of each employee who filed the action;
- (b) state the court, names of the parties, and case number of the civil action;
- (c) state the name, ADDRESS, and telephone number of any attorney representing the EMPLOYER; and
- (d) state whether the action has been resolved or is pending.

**210.0 Loss of Income—Interrogatories to Employee**

- ☐ 210.1 Do you attribute any loss of income, benefits, or earning capacity to any ADVERSE EMPLOYMENT ACTION? (If your answer is "no," do not answer Interrogatories 210.2 through 210.4.)

- ☐ 210.2 State the total amount of income, benefits, or earning capacity you have lost to date and how the amount was calculated.

- ☐ 210.3 Will you lose income, benefits, or earning capacity in the future as a result of any ADVERSE EMPLOYMENT ACTION? If so, state the total amount of income, benefits, or earning capacity you expect to lose, and how the amount was calculated.

- ☐ 210.4 Have you attempted to minimize the amount of your lost income? If so, describe how; if not, explain why not.

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☐ 210.5 Have you purchased any benefits to replace any benefits to which you would have been entitled if the ADVERSE EMPLOYMENT ACTION had not occurred? If so, state the cost for each benefit purchased.

☐ 210.6 Have you obtained other employment since any ADVERSE EMPLOYMENT ACTION? If so, for each new employment:

- (a) state when the new employment commenced;
- (b) state the hourly rate or monthly salary for the new employment; and
- (c) state the benefits available from the new employment.

**211.0 Loss of Income—Interrogatories to Employer**  
[See instruction 2(d).]

☒ 211.1 Identify each type of BENEFIT to which the EMPLOYEE would have been entitled, from the date of the ADVERSE EMPLOYMENT ACTION to the present, if the ADVERSE EMPLOYMENT ACTION had not happened and the EMPLOYEE had remained in the same job position. For each type of benefit, state the amount the EMPLOYER would have paid to provide the benefit for the EMPLOYEE during this time period and the value of the BENEFIT to the EMPLOYEE.

☒ 211.2 Do you contend that the EMPLOYEE has not made reasonable efforts to minimize the amount of the EMPLOYEE'S lost income? If so:

- (a) describe what more EMPLOYEE should have done;
- (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts that support your contention; and
- (c) identify all DOCUMENTS that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

☒ 211.3 Do you contend that any of the lost income claimed by the EMPLOYEE, as disclosed in discovery thus far in this case, is unreasonable or was not caused by the ADVERSE EMPLOYMENT ACTION? If so:

- (a) state the amount of claimed lost income that you dispute;
- (b) state all facts upon which you base your contention;
- (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
- (d) identify all DOCUMENTS that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

**212.0 Physical, Mental, or Emotional Injuries—  
Interrogatories to Employee**

☐ 212.1 Do you attribute any physical, mental, or emotional injuries to the ADVERSE EMPLOYMENT ACTION? (If your answer is "no," do not answer Interrogatories 212.2 through 212.7.)

☐ 212.2 Identify each physical, mental, or emotional injury that you attribute to the ADVERSE EMPLOYMENT ACTION and the area of your body affected.

☐ 212.3 Do you still have any complaints of physical, mental, or emotional injuries that you attribute to the ADVERSE EMPLOYMENT ACTION? If so, for each complaint state:

- (a) a description of the injury;
- (b) whether the complaint is subsiding, remaining the same, or becoming worse; and
- (c) the frequency and duration.

☐ 212.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure section 2034) or treatment from a HEALTH CARE PROVIDER for any injury you attribute to the ADVERSE EMPLOYMENT ACTION? If so, for each HEALTH CARE PROVIDER state:

- (a) the name, ADDRESS, and telephone number;
- (b) the type of consultation, examination, or treatment provided;
- (c) the dates you received consultation, examination, or treatment; and
- (d) the charges to date.

☐ 212.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the ADVERSE EMPLOYMENT ACTION? If so, for each medication state:

- (a) the name of the medication;
- (b) the name, ADDRESS and telephone number of the PERSON who prescribed or furnished it;
- (c) the date prescribed or furnished;
- (d) the dates you began and stopped taking it; and
- (e) the cost to date.

☐ 212.6 Are there any other medical services not previously listed in response to interrogatory 212.4 (for example, ambulance, nursing, prosthetics) that you received for injuries attributed to the ADVERSE EMPLOYMENT ACTION? If so, for each service state:

- (a) the nature;
- (b) the date;
- (c) the cost; and
- (d) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER.

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- ☐ 212.7 Has any HEALTH CARE PROVIDER advised that you may require future or additional treatment for any injuries that you attribute to the ADVERSE EMPLOYMENT ACTION? If so, for each injury state:
- (a) the name and ADDRESS of each HEALTH CARE PROVIDER;
  - (b) the complaints for which the treatment was advised; and
  - (c) the nature, duration, and estimated cost of the treatment.

## 213.0 Other Damages—Interrogatories to Employee

- ☐ 213.1 Are there any other damages that you attribute to the ADVERSE EMPLOYMENT ACTION? If so, for each item of damage state:
- (a) the nature;
  - (b) the date it occurred;
  - (c) the amount; and
  - (d) the name, ADDRESS, and telephone number of each PERSON who has knowledge of the nature or amount of the damage.
- ☐ 213.2 Do any DOCUMENTS support the existence or amount of any item of damages claimed in Interrogatory 213.1? If so, identify the DOCUMENTS and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

## 214.0 Insurance

- ☒ 214.1 At the time of the ADVERSE EMPLOYMENT ACTION, was there in effect any policy of insurance through which you were or might be insured in any manner for the damages, claims, or actions that have arisen out of the ADVERSE EMPLOYMENT ACTION? If so, for each policy state:
- (a) the kind of coverage;
  - (b) the name and ADDRESS of the insurance company;
  - (c) the name, ADDRESS, and telephone number of each named insured;
  - (d) the policy number;
  - (e) the limits of coverage for each type of coverage contained in the policy;
  - (f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and
  - (g) the name, ADDRESS, and telephone number of the custodian of the policy.

- ☐ 214.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the ADVERSE EMPLOYMENT ACTION? If so, specify the statute.

## 215.0 Investigation

- ☒ 215.1 Have YOU OR ANYONE ACTING ON YOUR BEHALF interviewed any individual concerning the ADVERSE EMPLOYMENT ACTION? If so, for each individual state:
- (a) the name, ADDRESS, and telephone number of the individual interviewed;
  - (b) the date of the interview; and
  - (c) the name, ADDRESS, and telephone number of the PERSON who conducted the interview.
- ☒ 215.2 Have YOU OR ANYONE ACTING ON YOUR BEHALF obtained a written or recorded statement from any individual concerning the ADVERSE EMPLOYMENT ACTION? If so, for each statement state:
- (a) the name, ADDRESS, and telephone number of the individual from whom the statement was obtained;
  - (b) the name, ADDRESS, and telephone number of the individual who obtained the statement;
  - (c) the date the statement was obtained; and
  - (d) the name, ADDRESS, and telephone number of each PERSON who has the original statement or a copy.

## 216.0 Denials and Special or Affirmative Defenses

- ☒ 216.1 Identify each denial of a material allegation and each special or affirmative defense in your PLEADINGS and for each:
- (a) state all facts upon which you base the denial or special or affirmative defense;
  - (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts; and
  - (c) identify all DOCUMENTS and all other tangible things that support your denial or special or affirmative defense, and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

## 217.0 Response to Request for Admissions

- ☐ 217.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:
- (a) state the number of the request;
  - (b) state all facts upon which you base your response;
  - (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts; and
  - (d) identify all DOCUMENTS and other tangible things that support your response and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.





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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

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ATTORNEY FOR (Name): Plaintiffs, Brendan McPhillips, et al.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco

San Francisco County Superior Court

Civic Center Courthouse

SHORT TITLE OF CASE: BRENDAN McPHILLIPS, et al. - v. THE INTERPUBLIC GROUP OF COMPANIES, INC., et al.

## FORM INTERROGATORIES—GENERAL

Asking Party: BRENDAN McPHILLIPS

CASE NUMBER:

CGG-12-524133

Answering Party: DRAFTFCB, INC.

Set No.: One (1)

## Sec. 1. Instructions to All Parties

(a) Interrogatories are written questions prepared by a party to an action that are sent to any other party in the action to be answered under oath. The interrogatories below are form interrogatories approved for use in civil cases.

(b) For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure sections 2030.010–2030.410 and the cases construing those sections.

(c) These form interrogatories do not change existing law relating to interrogatories nor do they affect an answering party's right to assert any privilege or make any objection.

## Sec. 2. Instructions to the Asking Party

(a) These interrogatories are designed for optional use by parties in unlimited civil cases where the amount demanded exceeds \$25,000. Separate Interrogatories, Form Interrogatories—Limited Civil Cases (Economic Litigation) (form DISC-004), which have no subparts, are designed for use in limited civil cases where the amount demanded is \$25,000 or less; however, those interrogatories may also be used in unlimited civil cases.

(b) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.

(c) You may insert your own definition of INCIDENT in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.

(d) The interrogatories in section 16.0, Defendant's Contentions—Personal Injury, should not be used until the defendant has had a reasonable opportunity to conduct an investigation or discovery of plaintiff's injuries and damages.

(e) Additional interrogatories may be attached.

## Sec. 3. Instructions to the Answering Party

(a) An answer or other appropriate response must be given to each interrogatory checked by the asking party.

(b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared. See Code of Civil Procedure sections 2030.260–2030.270 for details.

(c) Each answer must be as complete and straightforward as the information reasonably available to you, including the information possessed by your attorneys or agents, permits. If an interrogatory cannot be answered completely, answer it to the extent possible.

(d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.

(e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to this response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.

(f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.

(g) If you are asserting a privilege or making an objection to an interrogatory, you must specifically assert the privilege or state the objection in your written response.

(h) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

I declare under penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.

(DATE)

(SIGNATURE)

## Sec. 4. Definitions

Words in BOLDFACE CAPITALS in these interrogatories are defined as follows:

(a) (Check one of the following):

☒ (1) INCIDENT includes the circumstances and events surrounding the alleged accident, injury, or other occurrence or breach of contract giving rise to this action or proceeding.

Form Approved for Optional Use  
Judicial Council of California  
DISC-001 (Rev. January 1, 2006)

FORM INTERROGATORIES—GENERAL

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- ☐ (2) **INCIDENT** means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)");

(b) **YOU OR ANYONE ACTING ON YOUR BEHALF** includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.

(c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, or public entity.

(d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(e) **HEALTH CARE PROVIDER** includes any PERSON referred to in Code of Civil Procedure section 667.7(e)(3).

(f) **ADDRESS** means the street address, including the city, state, and zip code.

#### Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

#### CONTENTS

- 1.0 Identity of Persons Answering These Interrogatories
- 2.0 General Background Information—Individual
- 3.0 General Background Information—Business Entity
- 4.0 Insurance
- 5.0 [Reserved]
- 6.0 Physical, Mental, or Emotional Injuries
- 7.0 Property Damage
- 8.0 Loss of Income or Earning Capacity
- 9.0 Other Damages
- 10.0 Medical History
- 11.0 Other Claims and Previous Claims
- 12.0 Investigation — General
- 13.0 Investigation — Surveillance
- 14.0 Statutory or Regulatory Violations
- 15.0 Denials and Special or Affirmative Defenses
- 16.0 Defendant's Contentions Personal Injury
- 17.0 Responses to Request for Admissions
- 18.0 [Reserved]
- 19.0 [Reserved]
- 20.0 How the Incident Occurred—Motor Vehicle
- 25.0 [Reserved]
- 30.0 [Reserved]
- 40.0 [Reserved]
- 50.0 Contract
- 60.0 [Reserved]
- 70.0 Unlawful Detainer [See separate form DISC-003]
- 101.0 Economic Litigation [See separate form DISC-004]
- 200.0 Employment Law [See separate form DISC-002]
- Family Law [See separate form FL-145]

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#### 1.0 Identity of Persons Answering These Interrogatories

- ☐ 1.1 State the name, ADDRESS, telephone number, and relationship to you of each PERSON who prepared or assisted in the preparation of the responses to these Interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

#### 2.0 General Background Information—individual

- ☐ 2.1 State:
- (a) your name;
  - (b) every name you have used in the past; and
  - (c) the dates you used each name.
- ☐ 2.2 State the date and place of your birth.
- ☐ 2.3 At the time of the INCIDENT, did you have a driver's license? If so, state:
- (a) the state or other issuing entity;
  - (b) the license number and type;
  - (c) the date of issuance; and
  - (d) all restrictions.
- ☐ 2.4 At the time of the INCIDENT, did you have any other permit or license for the operation of a motor vehicle? If so, state:
- (a) the state or other issuing entity;
  - (b) the license number and type;
  - (c) the date of issuance; and
  - (d) all restrictions.
- ☐ 2.5 State:
- (a) your present residence ADDRESS;
  - (b) your residence ADDRESSES for the past five years; and
  - (c) the dates you lived at each ADDRESS.

- ☐ 2.6 State:
- (a) the name, ADDRESS, and telephone number of your present employer or place of self-employment; and
  - (b) the name, ADDRESS, dates of employment, job title, and nature of work for each employer or self-employment you have had from five years before the INCIDENT until today.

- ☐ 2.7 State:
- (a) the name and ADDRESS of each school or other academic or vocational institution you have attended, beginning with high school;
  - (b) the dates you attended;
  - (c) the highest grade level you have completed; and
  - (d) the degrees received.

- ☐ 2.8 Have you ever been convicted of a felony? If so, for each conviction state:
- (a) the city and state where you were convicted;
  - (b) the date of conviction;
  - (c) the offense; and
  - (d) the court and case number.

- ☐ 2.9 Can you speak English with ease? If not, what language and dialect do you normally use?

- ☐ 2.10 Can you read and write English with ease? If not, what language and dialect do you normally use?



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- ☐ 2.11 At the time of the INCIDENT were you acting as an agent or employee for any PERSON? If so, state:  
 (a) the name, ADDRESS, and telephone number of that PERSON; and  
 (b) a description of your duties.

- ☐ 2.12 At the time of the INCIDENT did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the INCIDENT? If so, for each person state:  
 (a) the name, ADDRESS, and telephone number;  
 (b) the nature of the disability or condition; and  
 (c) the manner in which the disability or condition contributed to the occurrence of the INCIDENT.

- ☐ 2.13 Within 24 hours before the INCIDENT did you or any person involved in the INCIDENT use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:  
 (a) the name, ADDRESS, and telephone number;  
 (b) the nature or description of each substance;  
 (c) the quantity of each substance used or taken;  
 (d) the date and time of day when each substance was used or taken;  
 (e) the ADDRESS where each substance was used or taken;  
 (f) the name, ADDRESS, and telephone number of each person who was present when each substance was used or taken; and  
 (g) the name, ADDRESS, and telephone number of any HEALTH CARE PROVIDER who prescribed or furnished the substance and the condition for which it was prescribed or furnished.

### 3.0 General Background Information — Business Entity

- ☒ 3.1 Are you a corporation? If so, state:  
 (a) the name stated in the current articles of incorporation;  
 (b) all other names used by the corporation during the past 10 years and the dates each was used;  
 (c) the date and place of incorporation;  
 (d) the ADDRESS of the principal place of business; and  
 (e) whether you are qualified to do business in California.
- ☒ 3.2 Are you a partnership? If so, state:  
 (a) the current partnership name;  
 (b) all other names used by the partnership during the past 10 years and the dates each was used;  
 (c) whether you are a limited partnership and, if so, under the laws of what jurisdiction;  
 (d) the name and ADDRESS of each general partner; and  
 (e) the ADDRESS of the principal place of business.
- ☒ 3.3 Are you a limited liability company? If so, state:  
 (a) the name stated in the current articles of organization;  
 (b) all other names used by the company during the past 10 years and the date each was used;  
 (c) the date and place of filing of the articles of organization;  
 (d) the ADDRESS of the principal place of business; and  
 (e) whether you are qualified to do business in California.

- ☒ 3.4 Are you a joint venture? If so, state:  
 (a) the current joint venture name;  
 (b) all other names used by the joint venture during the past 10 years and the dates each was used;  
 (c) the name and ADDRESS of each joint venturer; and  
 (d) the ADDRESS of the principal place of business.

- ☒ 3.5 Are you an unincorporated association? If so, state:  
 (a) the current unincorporated association name;  
 (b) all other names used by the unincorporated association during the past 10 years and the dates each was used; and  
 (c) the ADDRESS of the principal place of business.

- ☒ 3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state:  
 (a) the name;  
 (b) the dates each was used;  
 (c) the state and county of each fictitious name filing; and  
 (d) the ADDRESS of the principal place of business.

- ☒ 3.7 Within the past five years has any public entity registered or licensed your business? If so, for each license or registration:  
 (a) identify the license or registration;  
 (b) state the name of the public entity; and  
 (c) state the dates of issuance and expiration.

### 4.0 Insurance

- ☒ 4.1 At the time of the INCIDENT, was there in effect any policy of insurance through which you were or might be insured in any manner (for example, primary, pro-rata, or excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the INCIDENT? If so, for each policy state:  
 (a) the kind of coverage;  
 (b) the name and ADDRESS of the insurance company;  
 (c) the name, ADDRESS, and telephone number of each named insured;  
 (d) the policy number;  
 (e) the limits of coverage for each type of coverage contained in the policy;  
 (f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and  
 (g) the name, ADDRESS, and telephone number of the custodian of the policy.

- ☐ 4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the INCIDENT? If so, specify the statute.

### 5.0 [Reserved]

### 6.0 Physical, Mental, or Emotional Injuries

- ☐ 6.1 Do you attribute any physical, mental, or emotional injuries to the INCIDENT? (If your answer is "no," do not answer interrogatories 6.2 through 6.7).
- ☐ 6.2 Identify each injury you attribute to the INCIDENT and the area of your body affected.

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☐ 6.3 Do you still have any complaints that you attribute to the INCIDENT? If so, for each complaint state:

- (a) a description;
- (b) whether the complaint is subsiding, remaining the same, or becoming worse; and
- (c) the frequency and duration.

☐ 6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure sections 2034.210-2034.310) or treatment from a HEALTH CARE PROVIDER for any injury you attribute to the INCIDENT? If so, for each HEALTH CARE PROVIDER state:

- (a) the name, ADDRESS, and telephone number;
- (b) the type of consultation, examination, or treatment provided;
- (c) the dates you received consultation, examination, or treatment; and
- (d) the charges to date.

☐ 6.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the INCIDENT? If so, for each medication state:

- (a) the name;
- (b) the PERSON who prescribed or furnished it;
- (c) the date it was prescribed or furnished;
- (d) the dates you began and stopped taking it; and
- (e) the cost to date.

☐ 6.6 Are there any other medical services necessitated by the injuries that you attribute to the INCIDENT that were not previously listed (for example, ambulance, nursing, prosthetics)? If so, for each service state:

- (a) the nature;
- (b) the date;
- (c) the cost; and
- (d) the name, ADDRESS, and telephone number of each provider.

☐ 6.7 Has any HEALTH CARE PROVIDER advised that you may require future or additional treatment for any injuries that you attribute to the INCIDENT? If so, for each injury state:

- (a) the name and ADDRESS of each HEALTH CARE PROVIDER;
- (b) the complaints for which the treatment was advised; and
- (c) the nature, duration, and estimated cost of the treatment.

#### 7.0. Property Damage

☐ 7.1 Do you attribute any loss of or damage to a vehicle or other property to the INCIDENT? If so, for each item of property:

- (a) describe the property;
- (b) describe the nature and location of the damage to the property;

- (c) state the amount of damage you are claiming for each item of property and how the amount was calculated; and
- (d) if the property was sold, state the name, ADDRESS, and telephone number of the seller, the date of sale, and the sale price.

☐ 7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:

- (a) the name, ADDRESS, and telephone number of the PERSON who prepared it and the date prepared;
- (b) the name, ADDRESS, and telephone number of each PERSON who has a copy of it; and
- (c) the amount of damage stated.

☐ 7.3 Has any item of property referred to in your answer to Interrogatory 7.1 been repaired? If so, for each item state:

- (a) the date repaired;
- (b) a description of the repair;
- (c) the repair cost;
- (d) the name, ADDRESS, and telephone number of the PERSON who repaired it;
- (e) the name, ADDRESS, and telephone number of the PERSON who paid for the repair.

#### 8.0. Loss of Income or Earning Capacity

☐ 8.1 Do you attribute any loss of income or earning capacity to the INCIDENT? (If your answer is "no," do not answer interrogatories 8.2 through 8.8).

☐ 8.2 State:

- (a) the nature of your work;
- (b) your job title at the time of the INCIDENT; and
- (c) the date your employment began.

☐ 8.3 State the last date before the INCIDENT that you worked for compensation.

☐ 8.4 State your monthly income at the time of the INCIDENT and how the amount was calculated.

☐ 8.5 State the date you returned to work at each place of employment following the INCIDENT.

☐ 8.6 State the dates you did not work and for which you lost income as a result of the INCIDENT.

☐ 8.7 State the total income you have lost to date as a result of the INCIDENT and how the amount was calculated.

☐ 8.8 Will you lose income in the future as a result of the INCIDENT? If so, state:

- (a) the facts upon which you base this contention;
- (b) an estimate of the amount;
- (c) an estimate of how long you will be unable to work; and
- (d) how the claim for future income is calculated.



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**9.0 Other Damages**

- ☐ 9.1 Are there any other damages that you attribute to the INCIDENT? If so, for each item of damage state:
- (a) the nature;
  - (b) the date it occurred;
  - (c) the amount; and
  - (d) the name, ADDRESS, and telephone number of each PERSON to whom an obligation was incurred.

- ☐ 9.2 Do any DOCUMENTS support the existence or amount of any item of damages claimed in interrogatory 9.1? If so, describe each document and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

**10.0 Medical History**

- ☐ 10.1 At any time before the INCIDENT did you have complaints or injuries that involved the same part of your body claimed to have been injured in the INCIDENT? If so, for each state:
- (a) a description of the complaint or injury;
  - (b) the dates it began and ended; and
  - (c) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER whom you consulted or who examined or treated you.

- ☐ 10.2 List all physical, mental, and emotional disabilities you had immediately before the INCIDENT. (You may omit mental or emotional disabilities unless you attribute any mental or emotional injury to the INCIDENT.)

- ☐ 10.3 At any time after the INCIDENT, did you sustain injuries of the kind for which you are now claiming damages? If so, for each incident giving rise to an injury state:
- (a) the date and the place it occurred;
  - (b) the name, ADDRESS, and telephone number of any other PERSON involved;
  - (c) the nature of any injuries you sustained;
  - (d) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER who you consulted or who examined or treated you; and
  - (e) the nature of the treatment and its duration.

**11.0 Other Claims and Previous Claims**

- ☐ 11.1 Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:
- (a) the date, time, and place and location (closest street ADDRESS or intersection) of the INCIDENT giving rise to the action, claim, or demand;
  - (b) the name, ADDRESS, and telephone number of each PERSON against whom the claim or demand was made or the action filed;

- (c) the court, names of the parties, and case number of any action filed;
- (d) the name, ADDRESS, and telephone number of any attorney representing you;
- (e) whether the claim or action has been resolved or is pending; and
- (f) a description of the injury.

- ☐ 11.2 In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each claim or demand state:

- (a) the date, time, and place of the INCIDENT giving rise to the claim;
- (b) the name, ADDRESS, and telephone number of your employer at the time of the injury;
- (c) the name, ADDRESS, and telephone number of the workers' compensation insurer and the claim number;
- (d) the period of time during which you received workers' compensation benefits;
- (e) a description of the injury;
- (f) the name, ADDRESS, and telephone number of any HEALTH CARE PROVIDER who provided services; and
- (g) the case number at the Workers' Compensation Appeals Board.

**12.0 Investigation—General**

- ☒ 12.1 State the name, ADDRESS, and telephone number of each individual:

- (a) who witnessed the INCIDENT or the events occurring immediately before or after the INCIDENT;
- (b) who made any statement at the scene of the INCIDENT;
- (c) who heard any statements made about the INCIDENT by any individual at the scene; and
- (d) who YOU OR ANYONE ACTING ON YOUR BEHALF claim has knowledge of the INCIDENT (except for expert witnesses covered by Code of Civil Procedure section 2034).

- ☒ 12.2 Have YOU OR ANYONE ACTING ON YOUR BEHALF interviewed any individual concerning the INCIDENT? If so, for each individual state:

- (a) the name, ADDRESS, and telephone number of the individual interviewed;
- (b) the date of the interview; and
- (c) the name, ADDRESS, and telephone number of the PERSON who conducted the interview.

- ☒ 12.3 Have YOU OR ANYONE ACTING ON YOUR BEHALF obtained a written or recorded statement from any individual concerning the INCIDENT? If so, for each statement state:

- (a) the name, ADDRESS, and telephone number of the individual from whom the statement was obtained;
- (b) the name, ADDRESS, and telephone number of the individual who obtained the statement;
- (c) the date the statement was obtained; and
- (d) the name, ADDRESS, and telephone number of each PERSON who has the original statement or a copy.



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☒ 12.4 Do YOU OR ANYONE ACTING ON YOUR BEHALF know of any photographs, films, or videotapes depicting any place, object, or individual concerning the INCIDENT or plaintiff's injuries? If so, state:

- (a) the number of photographs or feet of film or videotape;
- (b) the places, objects, or persons photographed, filmed, or videotaped;
- (c) the date the photographs, films, or videotapes were taken;
- (d) the name, ADDRESS, and telephone number of the individual taking the photographs, films, or videotapes; and
- (e) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of the photographs, films, or videotapes.

☒ 12.5 Do YOU OR ANYONE ACTING ON YOUR BEHALF know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure sections 2034.210-2034.310) concerning the INCIDENT? If so, for each item state:

- (a) the type (i.e., diagram, reproduction, or model);
- (b) the subject matter; and
- (c) the name, ADDRESS, and telephone number of each PERSON who has it.

☒ 12.6 Was a report made by any PERSON concerning the INCIDENT? If so, state:

- (a) the name, title, identification number, and employer of the PERSON who made the report;
- (b) the date and type of report made;
- (c) the name, ADDRESS, and telephone number of the PERSON for whom the report was made; and
- (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of the report.

☒ 12.7 Have YOU OR ANYONE ACTING ON YOUR BEHALF inspected the scene of the INCIDENT? If so, for each inspection state:

- (a) the name, ADDRESS, and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure sections 2034.210-2034.310); and
- (b) the date of the inspection.

### 13.0 Investigation—Surveillance

☐ 13.1 Have YOU OR ANYONE ACTING ON YOUR BEHALF conducted surveillance of any individual involved in the INCIDENT or any party to this action? If so, for each surveillance state:

- (a) the name, ADDRESS, and telephone number of the individual or party;
- (b) the time, date, and place of the surveillance;
- (c) the name, ADDRESS, and telephone number of the individual who conducted the surveillance; and
- (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of any surveillance photograph, film, or videotape.

☐ 13.2 Has a written report been prepared on the surveillance? If so, for each written report state:

- (a) the title;
- (b) the date;
- (c) the name, ADDRESS, and telephone number of the individual who prepared the report; and
- (d) the name, ADDRESS, and telephone number of each PERSON who has the original or a copy.

### 14.0 Statutory or Regulatory Violations

☐ 14.1 Do YOU OR ANYONE ACTING ON YOUR BEHALF contend that any PERSON involved in the INCIDENT violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the INCIDENT? If so, identify the name, ADDRESS, and telephone number of each PERSON and the statute, ordinance, or regulation that was violated.

☐ 14.2 Was any PERSON cited or charged with a violation of any statute, ordinance, or regulation as a result of this INCIDENT? If so, for each PERSON state:

- (a) the name, ADDRESS, and telephone number of the PERSON;
- (b) the statute, ordinance, or regulation allegedly violated;
- (c) whether the PERSON entered a plea in response to the citation or charge and, if so, the plea entered; and
- (d) the name and ADDRESS of the court or administrative agency, names of the parties, and case number.

### 15.0 Denials and Special or Affirmative Defenses

☒ 15.1 Identify each denial of a material allegation and each special or affirmative defense in your pleadings and for each:

- (a) state all facts upon which you base the denial or special or affirmative defense;
- (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts; and
- (c) identify all DOCUMENTS and other tangible things that support your denial or special or affirmative defense, and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

### 16.0 Defendant's Contentions—Personal Injury

☐ 16.1 Do you contend that any PERSON, other than you or plaintiff, contributed to the occurrence of the INCIDENT or the injuries or damages claimed by plaintiff? If so, for each PERSON:

- (a) state the name, ADDRESS, and telephone number of the PERSON;
- (b) state all facts upon which you base your contention;
- (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
- (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.

☐ 16.2 Do you contend that plaintiff was not injured in the INCIDENT? If so:

- (a) state all facts upon which you base your contention;
- (b) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and
- (c) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.

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- ☐ 16.3 Do you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the INCIDENT? If so, for each injury:

(a) identify it;  
 (b) state all facts upon which you base your contention;  
 (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  
 (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.

- ☐ 16.4 Do you contend that any of the services furnished by any HEALTH CARE PROVIDER claimed by plaintiff in discovery proceedings thus far in this case were not due to the INCIDENT? If so:

(a) identify each service;  
 (b) state all facts upon which you base your contention;  
 (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  
 (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.

- ☐ 16.5 Do you contend that any of the costs of services furnished by any HEALTH CARE PROVIDER claimed as damages by plaintiff in discovery proceedings thus far in this case were not necessary or unreasonable? If so:

(a) identify each cost;  
 (b) state all facts upon which you base your contention;  
 (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  
 (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.

- ☐ 16.6 Do you contend that any part of the loss of earnings or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the INCIDENT? If so:

(a) identify each part of the loss;  
 (b) state all facts upon which you base your contention;  
 (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  
 (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.

- ☐ 16.7 Do you contend that any of the property damage claimed by plaintiff in discovery proceedings thus far in this case was not caused by the INCIDENT? If so:

(a) identify each item of property damage;  
 (b) state all facts upon which you base your contention;  
 (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  
 (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.

- ☐ 16.8 Do you contend that any of the costs of repairing the property damage claimed by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:

(a) identify each cost item;  
 (b) state all facts upon which you base your contention;  
 (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of the facts; and  
 (d) identify all DOCUMENTS and other tangible things that support your contention and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.

- ☐ 16.9 Do YOU OR ANYONE ACTING ON YOUR BEHALF have any DOCUMENT (for example, insurance bureau index reports) concerning claims for personal injuries made before or after the INCIDENT by a plaintiff in this case? If so, for each plaintiff state:

(a) the source of each DOCUMENT;  
 (b) the date each claim arose;  
 (c) the nature of each claim; and  
 (d) the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

- ☐ 16.10 Do YOU OR ANYONE ACTING ON YOUR BEHALF have any DOCUMENT concerning the past or present physical, mental, or emotional condition of any plaintiff in this case from a HEALTH CARE PROVIDER not previously identified (except for expert witnesses covered by Code of Civil Procedure sections 2034.210-2034.310)? If so, for each plaintiff state:

(a) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER;  
 (b) a description of each DOCUMENT; and  
 (c) the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

#### 17.0 Responses to Request for Admissions:

- ☐ 17.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:

(a) state the number of the request;  
 (b) state all facts upon which you base your response;  
 (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts; and  
 (d) identify all DOCUMENTS and other tangible things that support your response and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.

18.0 [Reserved]

19.0 [Reserved]

#### 20.0 How the Incident Occurred—Motor Vehicle

- ☐ 20.1 State the date, time, and place of the INCIDENT (closest street ADDRESS or intersection).

- ☐ 20.2 For each vehicle involved in the INCIDENT, state:

(a) the year, make, model, and license number;  
 (b) the name, ADDRESS, and telephone number of the driver;



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- (c) the name, ADDRESS, and telephone number of each occupant other than the driver;
- (d) the name, ADDRESS, and telephone number of each registered owner;
- (e) the name, ADDRESS, and telephone number of each lessee;
- (f) the name, ADDRESS, and telephone number of each owner other than the registered owner or lien holder; and
- (g) the name of each owner who gave permission or consent to the driver to operate the vehicle.
- ☐ 20.3 State the ADDRESS and location where your trip began and the ADDRESS and location of your destination.
- ☐ 20.4 Describe the route that you followed from the beginning of your trip to the location of the INCIDENT, and state the location of each stop, other than routine traffic stops, during the trip leading up to the INCIDENT.
- ☐ 20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the INCIDENT for the 500 feet of travel before the INCIDENT.
- ☐ 20.6 Did the INCIDENT occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.
- ☐ 20.7 Was there a traffic signal facing you at the time of the INCIDENT? If so, state:
- your location when you first saw it;
  - the color;
  - the number of seconds it had been that color; and
  - whether the color changed between the time you first saw it and the INCIDENT.
- ☐ 20.8 State how the INCIDENT occurred, giving the speed, direction, and location of each vehicle involved:
- just before the INCIDENT;
  - at the time of the INCIDENT; and
  - just after the INCIDENT.
- ☐ 20.9 Do you have information that a malfunction or defect in a vehicle caused the INCIDENT? If so:
- identify the vehicle;
  - identify each malfunction or defect;
  - state the name, ADDRESS, and telephone number of each PERSON who is a witness to or has information about each malfunction or defect; and
  - state the name, ADDRESS, and telephone number of each PERSON who has custody of each defective part.
- ☐ 20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the INCIDENT? If so:
- identify the vehicle;
  - identify each malfunction or defect;
  - state the name, ADDRESS, and telephone number of each PERSON who is a witness to or has information about each malfunction or defect; and
  - state the name, ADDRESS, and telephone number of each PERSON who has custody of each defective part.
- ☐ 20.11 State the name, ADDRESS, and telephone number of each owner and each PERSON who has had possession since the INCIDENT of each vehicle involved in the INCIDENT.
- 25.0 [Reserved]
- 30.0 [Reserved]
- 40.0 [Reserved]
- 50.0 Contract
- ☐ 50.1 For each agreement alleged in the pleadings:
- identify each DOCUMENT that is part of the agreement and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;
  - state each part of the agreement not in writing, the name, ADDRESS, and telephone number of each PERSON agreeing to that provision, and the date that part of the agreement was made;
  - identify all DOCUMENTS that evidence any part of the agreement not in writing and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;
  - identify all DOCUMENTS that are part of any modification to the agreement, and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT;
  - state each modification not in writing, the date, and the name, ADDRESS, and telephone number of each PERSON agreeing to the modification, and the date the modification was made;
  - identify all DOCUMENTS that evidence any modification of the agreement not in writing and for each state the name, ADDRESS, and telephone number of each PERSON who has the DOCUMENT.
- ☐ 50.2 Was there a breach of any agreement alleged in the pleadings? If so, for each breach describe and give the date of every act or omission that you claim is the breach of the agreement.
- ☐ 50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.
- ☐ 50.4 Was any agreement alleged in the pleadings terminated by mutual agreement, release, accord and satisfaction, or novation? If so, identify each agreement terminated, the date of termination, and the basis of the termination.
- ☐ 50.5 Is any agreement alleged in the pleadings unenforceable? If so, identify each unenforceable agreement and state why it is unenforceable.
- ☐ 50.6 Is any agreement alleged in the pleadings ambiguous? If so, identify each ambiguous agreement and state why it is ambiguous.
- 60.0 [Reserved]





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 Brendan McPhillips, Leonard Sharlet,  
 John Brushwood and Evan Franco

**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
 FOR THE COUNTY OF SAN FRANCISCO**

BRENDAN McPHILLIPS, an individual,  
 LEONARD SHARLET, an individual,  
 JOHN BRUSHWOOD, an individual, and  
 EVAN FRANCO, an individual,

Plaintiffs,

v.

THE INTERPUBLIC GROUP OF  
 COMPANIES, INC., a Delaware Corporation;  
 DRAFTFCB, INC., a Delaware Corporation;  
 and DOES 1 through 50, inclusive,

Defendants.

Case No.: CGG-12-524135

**DEMAND FOR INSPECTION AND  
 PRODUCTION OF DOCUMENTS AND  
 TANGIBLE ITEMS, SET ONE,  
 PROPOUNDED BY PLAINTIFF  
 BRENDAN McPHILLIPS TO  
 DEFENDANT THE DRAFTFCB, INC.**

Complaint Filed: September 12, 201  
 Trial Date: None

**PROPOUNDING PARTY: BRENDAN McPHILLIPS**

**RESPONDING PARTY: DEFENDANT DRAFTFCB, INC.**

**SET NUMBER: ONE (1)**

Demand is hereby made, pursuant to Code of Civil Procedure section 2031, that you  
 produce and permit inspection and copying of the documents described below. The place of  
 inspection shall be the deRubertis Law Firm, PLC, located at 4219 Coldwater Canyon Avenue,  
 Studio City, California 91604 or at such other location as agreed by the parties. The time for such

1 inspection shall be thirty (30) days from the date of service of this demand at 10:00 a.m., and  
2 continuing as long as reasonably necessary.

### 3 DEFINITIONS

4 As used herein, the following terms shall have the following meanings:

5 A. "DOCUMENT" means all originals, drafts and copies that differ in any way from  
6 the originals of all written, recorded or graphic matter, whether produced or reproduced by  
7 handwriting, magnetic recording, photograph, printing, tape, transcription of spoken language or  
8 other record of spoken language, typewriting, writing or any other means as defined in Evidence  
9 Code §250, and includes without limitation agreements, appointment books, bank statements,  
10 bills, books, business records, facsimiles, calendars, cards, checks, charts, computer printouts and  
11 tapes, correspondence, diaries, file cards, films, financial statements and reports, handwritten  
12 notes, including "post-its" or other type adhesive notes, invoices, journals, ledgers, letters, logs,  
13 memoranda, memorials in any form of telephone conversations, minutes, notes, notices, pamphlets,  
14 papers, purchase orders, personnel records, receipts, recordings, reports, telegrams, and any other  
15 pertinent information set forth in written language or any electronic representation thereof and any  
16 carbon or copies of such material, if you do not have control over or possession of the original.

17 "DOCUMENT" also includes all electronically stored information, including but not limited  
18 to information stored by computer or on a computer disk, diskette, tape or card, as well as any  
19 electronic recording, tape recording, photograph, video, file, microfilm, microfiche, or similar  
20 recording of words, images, sounds, pictures, or information of any kind.

21 "DOCUMENT" also includes any and all drafts of, and amendments, or supplements to, any  
22 of the foregoing, whether prepared by you or any other person, as well as copies of the document that  
23  
24  
25  
26  
27  
28



1 differ from the copy being produced (e.g., a differing copy is one that contains handwritten notes,  
2 interlineation, underlining, and the like).

3 If a "DOCUMENT" is an electronic mail, the electronic mail should be produced in its  
4 original format so that any and all attachments to the electronic mail are produced and the entire  
5 chain of electronic mail communication is produced.  
6

7 B. "PERSON" means all individuals and entities of any nature whatsoever and includes,  
8 in the plural as well as in the singular, any natural person, firm, association, partnership, joint  
9 venture, corporation, subdivision or part thereof, or any other entity, including all representatives of  
10 any such person or persons. The masculine pronoun shall also include the feminine.  
11

12 C. "YOU" or "YOUR" as used herein shall mean the party to whom this discovery  
13 request is directed, and, if the party to whom this request is directed is an entity, it shall include any  
14 and all agents, officers, directors, employees, independent contractors or other representatives of the  
15 entity to whom this request is directed.  
16

17 D. "PERTAINING" and "RELATING," as used in this request, means evidencing,  
18 memorializing, referring, constituting, containing, discussing, describing, embodying, reflecting,  
19 identifying, mentioning, stating, or otherwise relating to in any way, in whole or in part, the subject  
20 matter referred to in this request.  
21

22 E. "PLAINTIFF," as used in this request, means the Plaintiff in this action, Brendan  
23 McPhillips.

24 F. "COMPLAINT," as used in this request, means the Complaint for Damages on file in  
25 this action.  
26

27 G. The term "PERSONNEL FILE" includes any and all records maintained either in the  
28 normal course of business or for any special purpose with respect to the application, course of

1 employment, and termination of any employee of Defendant, and specifically includes applications,  
2 disciplinary notices, performance evaluations, employment histories or summaries, records of  
3 residential address and telephone numbers, termination notices, job assignments or classification  
4 records, compensation, and other similar records. The term "PERSONNEL FILE" includes, but is  
5 not limited to, all writings within the meaning of Labor Code section 1198.5.  
6

7 H. "IDENTIFY" or "IDENTIFYING" means:

8 a. with respect to an individual, state the person's name, title at the time in question,  
9 employer and business address at the time in question, employer and business address at the time in  
10 question and dates of employment (if an employee of YOURS), and current or last known employer,  
11 business address, and home address;  
12

13 b. with respect to a company, state the name of the company, the place of  
14 incorporation of the company, and the address of the company's principal place of business;  
15

16 c. with respect to a DOCUMENT, state the names of the author or creator and the  
17 addressee, the subject matter or title, the date of the DOCUMENT, its present location AND  
18 custodian, and, if the DOCUMENT is an insurance policy or cover note, the policy number or cover  
19 note number;  
20

21 d. with respect to a meeting, state the date, location, and subject matter of the  
22 meeting, and IDENTIFY the participants in the meeting;

23 e. with respect to an insurance claim, or notice of potential claim, state the identity of  
24 the policyholder;

25 f. with respect to a LIABILITY POLICY, state the policy number, policy period and  
26 stated limits of the policy;  
27  
28

1 g. with respect to a lawsuit, state the names of the parties, docket number, court, and  
2 the current status of the litigation.

3 I. "TERMINATE," "TERMINATED," OR "TERMINATION" means the separation  
4 from employment by an employee of YOURS, whether the employee is fired, terminated, laid-off,  
5 voluntarily quits, mutually agrees with YOU to leave employment or any other end of the  
6 employment relationship  
7

8 **INSTRUCTIONS**

9 1. The DOCUMENTS produced pursuant to this Request must be segregated and  
10 identified according to the specific request to which they are responsive. Duplicate copies of  
11 DOCUMENTS, which are responsive to, more than one request need not be produced if the specific  
12 request to which the DOCUMENTS relate is designated.  
13

14 2. Whenever appropriate, the singular form of a word shall be interpreted in the plural or  
15 vice versa; verb tenses shall be interpreted to include past, present and future tenses; the terms "and"  
16 as well as "or" shall mean "and/or," so that no DOCUMENT shall fail to be produced because of a  
17 limiting interpretation of the terms "and" or "or"; and words imparting the masculine include the  
18 feminine and vice versa.  
19

20 3. The DOCUMENTS requested by this Request specifically include, but are not limited  
21 to, those DOCUMENTS in the possession custody or control of YOUR agents representatives,  
22 attorneys, accountants, auditors, investigators, consultants, or any other PERSON acting on YOUR  
23 behalf.  
24

25 4. If YOU object to any part of any category of DOCUMENTS requested, please specify  
26 each such part, the basis for the objection, and indicate the extent to which YOU will be producing  
27 DOCUMENTS responsive to that category of documents requested.  
28



1           5.     If YOU withhold any DOCUMENT demanded on the grounds of privilege, please  
2 specify for each such DOCUMENT:

- 3           a.     the name and job title of each author of the DOCUMENT;
- 4           b.     the name and job title of each recipient of it and any other PERSON to whom a copy  
5 was furnished;
- 6           c.     the date of the DOCUMENT;
- 7           d.     a brief description of the general subject matter of the DOCUMENT;
- 8           e.     each paragraph of this demand to which the DOCUMENT is responsive; and
- 9           f.     the type of privilege claimed.

10           6.     If the Request calls for the production of a DOCUMENT that has been destroyed,  
11 placed beyond YOUR control, or otherwise disposed of, set forth with respect to each such  
12 DOCUMENT:

- 13           a.     the author of the DOCUMENT;
- 14           b.     the addressee, if any, and those PERSONS, if any, specified in the DOCUMENT to  
15 receive a copy thereof;
- 16           c.     the title of the DOCUMENT, if any, or other  
17 identifying data;
- 18           d.     the type of DOCUMENT (e.g., memorandum, letter);
- 19           e.     in summary, the nature and subject matter of the DOCUMENT;
- 20           f.     the date the DOCUMENT was prepared;
- 21           g.     the date the DOCUMENT was sent or received by YOU, as the case may be;
- 22
- 23
- 24
- 25
- 26
- 27
- 28

1 h. the identity of all individuals to whom the substance of the DOCUMENT was  
2 transmitted, or who saw such DOCUMENT, and under what circumstances;

3 i. the present location of the DOCUMENT, if not destroyed; and

4 j. the name, title, home and business address, and the home and business telephone  
5 number, of the current custodian of the DOCUMENT.  
6

7 7. When the Request does not specifically ask for a particular DOCUMENT but the  
8 DOCUMENT would help to make the production complete, comprehensive or not misleading,  
9 please produce the DOCUMENT. Only non-identical copies of DOCUMENTS are to be considered  
10 separate DOCUMENTS.  
11

12 8. Unless otherwise indicated, all of the requests set forth below call for responsive  
13 DOCUMENTS created at any time notwithstanding the fact that some of those requests relate to  
14 events occurring during specific time periods.  
15

#### 16 REQUESTS

17 1. The PLAINTIFF's complete personnel file.

18 2. Any and all DOCUMENTS PERTAINING or RELATING to PLAINTIFF's job  
19 performance while employed by YOU, including but not limited to performance appraisals or  
20 evaluations, commendations, awards, and/or letters of thanks, recognition or appreciation or any  
21 other similar DOCUMENTS.  
22

23 3. Any and all DOCUMENTS signed by PLAINTIFF PERTAINING or RELATING to  
24 the obtaining of employment by YOU as defined by Labor Code section 432.  
25

26 4. Any and all DOCUMENTS PERTAINING or RELATING to any contracts and/or  
27 agreements RELATING to PLAINTIFF's employment, including but not limited to any and all  
28

1 DOCUMENTS reflecting any termination of, modifications of, changes to, revisions to and/or drafts  
2 of any such alleged contracts or agreements RELATING or PERTAINING to PLAINTIFF's  
3 employment by YOU.

4  
5 5. The complete contents of any other file or files, other than the PERSONNEL FILE of  
6 PLAINTIFF PERTAINING, RELATING or referring to PLAINTIFF and/or to the terms and  
7 conditions of PLAINTIFF's employment by YOU.

8  
9 6. Any and all DOCUMENTS showing or describing all position(s) held by PLAINTIFF  
10 during her employment by YOU.

11  
12 7. Any and all DOCUMENTS showing, describing, explaining, PERTAINING to or  
13 RELATING to PLAINTIFF's job duties in every position she held while employed by YOU.

14  
15 8. Any and all DOCUMENTS showing, describing, PERTAINING to or RELATING to  
16 the wages and/or other forms of compensation earned by PLAINTIFF during PLAINTIFF's  
17 employment by YOU, including but not limited to wages, bonuses, stock options, deferred  
18 compensation, pension benefits, retirement plans, medical or other insurance, etc.

19  
20 9. Any and all DOCUMENTS, including but not limited to organizational charts or  
21 graphs, showing, describing, explaining, PERTAINING or RELATING to or reflecting  
22 PLAINTIFF's position(s) while employed by YOU in the last four (4) years before PLAINTIFF's  
23 TERMINATION, including but not limited to those showing or explaining the chain of authority or  
24 command above and below PLAINTIFF.

25  
26 10. Any and all DOCUMENTS used, considered, reviewed, read or relied upon in  
27 deciding to TERMINATE PLAINTIFF's employment.

28  
11. Any and all DOCUMENTS showing, depicting, reflecting, PERTAINING or  
RELATING to the reasons that PLAINTIFF was TERMINATED.



1           12. Any and all DOCUMENTS reviewed, read, referred to or consulted by any person  
2 who had any input into or provided any information upon which the decision to TERMINATE  
3 PLAINTIFF was based.

4           13. Any and all DOCUMENTS showing, depicting, listing, PERTAINING or  
5 RELATING to who made or participated in the decision to TERMINATE PLAINTIFF's  
6 employment.

7           14. All DOCUMENTS IDENTIFIED in YOUR response to PLAINTIFF's first set of  
8 form interrogatories.

9           15. All DOCUMENTS IDENTIFIED in YOUR response to PLAINTIFF's first set of  
10 form interrogatories – employment law.

11           16. All DOCUMENTS IDENTIFIED in YOUR response to PLAINTIFF's first set of  
12 special interrogatories.

13           17. Any and all DOCUMENTS pertaining to any investigation(s) into the allegations  
14 made by PLAINTIFF in the COMPLAINT, including but not limited to written statements of  
15 witnesses, notes of interviews with witnesses, tape recordings of any and all oral statements and/or  
16 interview of witnesses, transcriptions of any tape recordings of any and all oral statements and/or  
17 interview of witnesses, reports regarding the results of any and all investigations and/or  
18 correspondence PERTAINING to the allegations contained in the COMPLAINT.

19           18. All DOCUMENTS that reflect or relate to any statements made by any PERSON  
20 relating to any of the allegations contained in PLAINTIFF's COMPLAINT, including but not limited  
21 to written statements, notes of interviews, tape recordings of any and all oral statements and/or  
22 interviews; transcriptions of any tape recordings of any and all oral statements and/or interviews;

1 reports regarding the results of any and all interviews or investigations; or correspondence relating to  
2 the allegations contained in the COMPLAINT.

3 19. All DOCUMENTS that support any affirmative, defense YOU have pleaded or will  
4 plead in this action.

5  
6 20. All DOCUMENTS that summarize, constitute, memorialize, discuss, mention,  
7 comment upon or otherwise refer to any communication between YOU and any state or federal  
8 governmental entity, including but not limited to the National Labor Relations Board, the Labor and  
9 Workforce Development Agency, the Division of Labor Standards and Enforcement, the  
10 Employment Development Department, the United States Equal Employment Opportunity  
11 Commission, and the California Department of Fair Employment and Housing, regarding  
12 PLAINTIFF and/or any allegations of the COMPLAINT.

13  
14 21. Any and all DOCUMENTS, including but not limited to memoranda, handwritten  
15 notes, letters, correspondence, policies, and policy numbers pertaining to insurance policies which  
16 may cover YOU for damages and/or defense costs related to this action.

17  
18 22. Any and all DOCUMENTS, including press releases, PERTAINING or RELATING  
19 the launching of Engage 360.

20 23. The Long Term Energy Efficiency Strategic Plan adopted by the California Public  
21 Utilities Commission on or around September 18, 2008.

22  
23 24. Any and all advertising or promotional DOCUMENTS RELATING or  
24 PERTAINING to the Engage 360 campaign.

25 25. Any and all DOCUMENTS, including contracts or agreements, between YOU and  
26 the any California public entity PERTAINING or RELATING to the Engage 360 campaign.

1           26. Any and all DOCUMENTS RELATING to the funding available to hire personnel for  
2 the Engage 360 campaign.

3           27. Any and all DOCUMENTS RELATING or PERTAINING to the total combined  
4 marketing budget for the Engage 360 campaign.

5           28. Any and all DOCUMENTS RELATING to or showing the anticipated length of the  
6 Engage 360 campaign as of the date of PLAINTIFF's hire.

7           29. Any and all DOCUMENTS RELATING to the anticipated duration of the Engage  
8 360 campaign.

9           30. Any and all DOCUMENTS RELATING to the Engage 360 campaign, including but  
10 not limited to DOCUMENTS showing or RELATING to the description of the Engage 360  
11 campaign, its purpose, its funding and its anticipated length or duration.

12           31. Any and all DOCUMENTS of any kind showing, depicting or RELATING to  
13 PLAINTIFF's job duties as of the date of TERMINATION.

14           32. Any and all DOCUMENTS of any kind showing, depicting or RELATING to Sarah  
15 Davis's job duties from the time hired by YOU to the present.

16           33. Any and all DOCUMENTS of any kind showing, depicting or RELATING to  
17 Jackson Taylor's job duties from the time hired by YOU to the present.

18           34. Any and all DOCUMENTS of any kind showing, depicting or RELATING Justin  
19 Calhoun's job duties from the time hired by YOU to the present.

20           35. Any and all DOCUMENTS of any kind showing, depicting or RELATING to Jen  
21 Sokol's job duties from the time hired by YOU to the present.

22           36. Any and all electronic mail sent to or received by Sarah Davis while employed by  
23 YOU RELATING or PERTAINING to PLAINTIFF.



1           37. Any and all electronic mail sent to or received by Jackson Taylor while employed by  
2 YOU RELATING or PERTAINING to PLAINTIFF.

3           38. Any and all electronic mail sent to or received by Justin Calhoun while employed by  
4 YOU RELATING or PERTAINING to PLAINTIFF.  
5

6           39. Any and all electronic mail sent to or received by Jen Sokol while employed by  
7 YOU RELATING or PERTAINING to PLAINTIFF.

8           40. Any and all electronic mail sent to or received by Sarah Davis while employed by  
9 YOU RELATING or PERTAINING to the Engage 360 campaign.  
10

11           41. Any and all electronic mail sent to or received by Jackson Taylor while employed by  
12 YOU RELATING or PERTAINING to the Engage 360 campaign.

13           42. Any and all electronic mail sent to or received by Justin Calhoun while employed by  
14 YOU RELATING or PERTAINING to the Engage 360 campaign.

15           43. Any and all electronic mail sent to or received by Jen Sokol while employed by  
16 YOU RELATING or PERTAINING to the Engage 360 campaign.  
17

18           44. Any and all electronic mail RELATING or PERTAINING to the allegations in  
19 PLAINTIFF's COMPLAINT, including any affirmative defenses you may plead.

20           45. Any and all DOCUMENTS RELATING or PERTAINING to any negotiation with  
21 PLAINTIFF or anyone acting on PLAINTIFF's behalf RELATING to YOUR hiring of PLAINTIFF.  
22

23           46. Any and all DOCUMENTS RELATING or PERTAINING to the terms and  
24 conditions of PLAINTIFF's employment when he was hired by YOU.

25           47. Any and all DOCUMENTS RELATING or PERTAINING to any and all changes to  
26 the terms and conditions of PLAINTIFF's employment with YOU that occurred during his  
27 employment with YOU.  
28

1           48. Any and all DOCUMENTS RELATING OR PERTAINING to, or describing, any  
2 compensation YOUR employees would receive for recruiting Community Managers or Assistant  
3 Community Managers for the Engage 360 campaign.

4           49. Any and all DOCUMENTS, including job postings or requisitions, RELATING OR  
5 PERTAINING to the recruiting of prospective or potential employees for the Engage 360 campaign,  
6 including but not limited to the recruitment of Community Managers or Assistant Community  
7 Managers.

8           50. Any and all DOCUMENTS showing, depicting, reflecting, PERTAINING or  
9 RELATING to the reasons that the Engage 360 campaign was terminated.

10           51. Any and all DOCUMENTS, including but not limited to letters and electronic mail,  
11 sent by YOU (or by anyone acting on YOUR behalf) to PLAINTIFF from January 1, 2010 through  
12 present.

13           52. Any and all DOCUMENTS that IDENTIFY all individuals who were  
14 TERMINATED by YOU due to lack of funding because the Engage 360 campaign was terminated.

15           52. Any and all DOCUMENTS showing, describing, stating, or explaining that the  
16 Engage 360 campaign was fully funded.

17           53. Any and all DOCUMENTS RELATING or PERTAINING the restructuring of the  
18 Engage 360 campaign.

19           54. Any and all DOCUMENTS, including purchase orders, from any California  
20 public entity to you RELATING or PERTAINING to the Engage 360 campaign.

21           55. Any and all payroll records or other similar DOCUMENTS RELATING or  
22 PERTAINING to PLAINTIFF during PLAINTIFF's employment by YOU.

1 56. Any and all DOCUMENTS RELATING to any and all claims for unemployment.  
2 insurance or disability benefits compensation made by PLAINTIFF in connection with PLAINTIFF's  
3 employment by YOU.

4 57. Any and all DOCUMENTS RELATING or PERTAINING to any and all awards,  
5 honors or accolades received by PLAINTIFF while employed by YOU.

6 58. Any and all DOCUMENTS of any kind RELATING to, PERTAINING to or  
7 supporting any after-acquired evidence defense that YOU intend to or are asserting in this action.

8 59. Any and all DOCUMENTS RELATING to, showing or discussing the purpose or  
9 goals of the Engage 360 campaign.

10 60. Any and all social media postings regarding or RELATING to the Engage 360  
11 campaign.

12 61. Any and all DOCUMENTS of any kind RELATING to the funding of the Engage  
13 360 campaign.

14 DATED: November 15, 2012

The deRubertis Law Firm, PLC

15 By 

16 David M. deRubertis, Esq.

17 Tyler F. Clark, Esq.

18 Attorneys for Plaintiffs

19 Brendan McPhillips, Leonard Sharlet,

20 John Brushwood and Evan Franco





1 David M. deRubertis, State Bar No. 208709  
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6 Attorneys for Plaintiffs  
Brendan McPhillips, Leonard Sharlet,  
7 John Brushwood and Evan Franco

8 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
9 FOR THE COUNTY OF SAN FRANCISCO

10 BRENDAN McPHILLIPS, an individual,  
11 LEONARD SHARLET, an individual,  
12 JOHN BRUSHWOOD, an individual, and  
EVAN FRANCO, an individual,

13 Plaintiffs,

14 v.

15 THE INTERPUBLIC GROUP OF  
COMPANIES, INC., a Delaware  
16 Corporation; DRAFTFCB, INC., a Delaware  
Corporation; and DOES 1 through 50,  
17 inclusive,

18  
19 Defendants.

Case No.: CGG-12-524135

PROOF OF SERVICE RE DISCOVERY

Complaint filed: 09/12/2012  
Trial Date: None.

**PROOF OF SERVICE**

**Case Name:** *McPhillips, et al. v. The InterPublic Group of Companies, Inc., et al.*  
**Case Number:** *CGG-12-524135*

**STATE OF CALIFORNIA, COUNTY OF RIVERSIDE**

I am employed in the county of Los Angeles, State of California. I am over the age of 18 and not a party to the within action. My business address is 2300 P Street, Sacramento, California 95816. On the below executed date, I served upon the interested parties in this action the following described document(s):

1. **FORM INTERROGATORIES - GENERAL, SET ONE, PROPOUNDED BY PLAINTIFF BRENDAN McPHILLIPS TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES, INC.;**
2. **FORM INTERROGATORIES - EMPLOYMENT LAW, SET ONE, PROPOUNDED BY PLAINTIFF BRENDAN McPHILLIPS TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES, INC.;**
3. **SPECIAL INTERROGATORIES, SET ONE, PROPOUNDED BY PLAINTIFF BRENDAN McPHILLIPS TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES, INC.; DECLARATION OF NECESSITY;**
4. **DEMAND FOR INSPECTION AND PRODUCTION OF DOCUMENTS AND TANGIBLE ITEMS, SET ONE, PROPOUNDED BY PLAINTIFF BRENDAN McPHILLIPS TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES INC.;**
5. **FORM INTERROGATORIES - GENERAL, SET ONE, PROPOUNDED BY PLAINTIFF LEONARD SHARLET TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES, INC.;**
6. **FORM INTERROGATORIES - EMPLOYMENT LAW, SET ONE, PROPOUNDED BY PLAINTIFF LEONARD SHARLET TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES, INC.;**
7. **SPECIAL INTERROGATORIES, SET ONE, PROPOUNDED BY PLAINTIFF LEONARD SHARLET TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES, INC.; DECLARATION OF NECESSITY;**
8. **DEMAND FOR INSPECTION AND PRODUCTION OF DOCUMENTS AND TANGIBLE ITEMS, SET ONE, PROPOUNDED BY PLAINTIFF LEONARD SHARLET TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES INC.;**
9. **FORM INTERROGATORIES - GENERAL, SET ONE, PROPOUNDED BY PLAINTIFF JOHN BRUSHWOOD TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES, INC.;**



**PROOF OF SERVICE (cont'd)**

**Case Name:** *McPhillips, et al. v. The InterPublic Group of Companies, Inc., et al.*  
**Case Number:** **CGG-12-524135**

- 10. FORM INTERROGATORIES - EMPLOYMENT LAW, SET ONE, PROPOUNDED BY PLAINTIFF JOHN BRUSHWOOD TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES, INC.;**
- 11. SPECIAL INTERROGATORIES, SET ONE, PROPOUNDED BY PLAINTIFF JOHN BRUSHWOOD TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES, INC.; DECLARATION OF NECESSITY;**
- 12. DEMAND FOR INSPECTION AND PRODUCTION OF DOCUMENTS AND TANGIBLE ITEMS, SET ONE, PROPOUNDED BY PLAINTIFF JOHN BRUSHWOOD TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES INC.;**
- 13. FORM INTERROGATORIES - GENERAL, SET ONE, PROPOUNDED BY PLAINTIFF EVAN FRANCO TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES, INC.;**
- 14. FORM INTERROGATORIES - EMPLOYMENT LAW, SET ONE, PROPOUNDED BY PLAINTIFF EVAN FRANCO TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES, INC.;**
- 15. SPECIAL INTERROGATORIES, SET ONE, PROPOUNDED BY PLAINTIFF EVAN FRANCO TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES, INC.; DECLARATION OF NECESSITY;**
- 16. DEMAND FOR INSPECTION AND PRODUCTION OF DOCUMENTS AND TANGIBLE ITEMS, SET ONE, PROPOUNDED BY PLAINTIFF EVAN FRANCO TO DEFENDANT THE INTERPUBLIC GROUP OF COMPANIES INC.;**
- 17. FORM INTERROGATORIES - GENERAL, SET ONE, PROPOUNDED BY PLAINTIFF BRENDAN McPHILLIPS TO DEFENDANT THE DRAFTFCB, INC.;**
- 18. FORM INTERROGATORIES - EMPLOYMENT LAW, SET ONE, PROPOUNDED BY PLAINTIFF BRENDAN McPHILLIPS TO DEFENDANT DRAFTFCB, INC.;**
- 19. SPECIAL INTERROGATORIES, SET ONE, PROPOUNDED BY PLAINTIFF BRENDAN McPHILLIPS TO DEFENDANT DRAFTFCB, INC.; DECLARATION OF NECESSITY;**
- 20. DEMAND FOR INSPECTION AND PRODUCTION OF DOCUMENTS AND TANGIBLE ITEMS, SET ONE, PROPOUNDED BY PLAINTIFF BRENDAN McPHILLIPS TO DEFENDANT DRAFTFCB, INC.;**

**PROOF OF SERVICE (cont'd)**

**Case Name:** *McPhillips, et al. v. The InterPublic Group of Companies, Inc., et al.*  
**Case Number:** **CGG-12-524135**

21. **FORM INTERROGATORIES - GENERAL, SET ONE, PROPOUNDED BY PLAINTIFF LEONARD SHARLET TO DEFENDANT DRAFTFCB, INC.;**
22. **FORM INTERROGATORIES - EMPLOYMENT LAW, SET ONE, PROPOUNDED BY PLAINTIFF LEONARD SHARLET TO DEFENDANT DRAFTFCB, INC.;**
23. **SPECIAL INTERROGATORIES, SET ONE, PROPOUNDED BY PLAINTIFF LEONARD SHARLET TO DEFENDANT DRAFTFCB, INC.; DECLARATION OF NECESSITY;**
24. **DEMAND FOR INSPECTION AND PRODUCTION OF DOCUMENTS AND TANGIBLE ITEMS, SET ONE, PROPOUNDED BY PLAINTIFF LEONARD SHARLET TO DEFENDANT DRAFTFCB, INC.;**
25. **FORM INTERROGATORIES - GENERAL, SET ONE, PROPOUNDED BY PLAINTIFF JOHN BRUSHWOOD TO DEFENDANT DRAFTFCB, INC.;**
26. **FORM INTERROGATORIES - EMPLOYMENT LAW, SET ONE, PROPOUNDED BY PLAINTIFF JOHN BRUSHWOOD TO DEFENDANT DRAFTFCB, INC.;**
27. **SPECIAL INTERROGATORIES, SET ONE, PROPOUNDED BY PLAINTIFF JOHN BRUSHWOOD TO DEFENDANT DRAFTFCB, INC.; DECLARATION OF NECESSITY;**
28. **DEMAND FOR INSPECTION AND PRODUCTION OF DOCUMENTS AND TANGIBLE ITEMS, SET ONE, PROPOUNDED BY PLAINTIFF JOHN BRUSHWOOD TO DEFENDANT DRAFTFCB, INC.;**
29. **FORM INTERROGATORIES - GENERAL, SET ONE, PROPOUNDED BY PLAINTIFF EVAN FRANCO TO DEFENDANT THE DRAFTFCB, INC.;**
30. **FORM INTERROGATORIES - EMPLOYMENT LAW, SET ONE, PROPOUNDED BY PLAINTIFF EVAN FRANCO TO DEFENDANT DRAFTFCB, INC.;**
31. **SPECIAL INTERROGATORIES, SET ONE, PROPOUNDED BY PLAINTIFF EVAN FRANCO TO DEFENDANT DRAFTFCB, INC.; DECLARATION OF NECESSITY;**
32. **DEMAND FOR INSPECTION AND PRODUCTION OF DOCUMENTS AND TANGIBLE ITEMS, SET ONE, PROPOUNDED BY PLAINTIFF EVAN FRANCO TO DEFENDANT DRAFTFCB, INC.;**

**PROOF OF SERVICE (cont'd)**

**Case Name:** *McPhillips, et al. v. The InterPublic Group of Companies, Inc., et al.*  
**Case Number:** *CGG-12-524135*

**/XXX/ PERSONAL SERVICE:** by delivering a true copy thereof by hand to the person or office, indicated, at the address(es) set forth below:

Capitol Corporate Services, Inc.  
455 Capitol Mall, Suite 217,  
Sacramento, California 95814

*(Agent for Service for Defendants THE  
INTERPUBLIC GROUP OF  
COMPANIES INC. and DRAFTFCB,  
Inc.)*

I declare under penalty of perjury that the foregoing is true and correct. Executed on  
November 16, 2012 at Sacramento, California.

  
Moe's Process Serving





Capitol Corporate Services, Inc.  
 PO Box 1831  
 Austin, TX 78767  
 Phone: (800)345-4647 Fax: (800) 472-0533  
 rassop@capitol-services.com

## Service Of Process Transmittal Notice

|   |   |
|---|---|
| BILL CROSBY<br>IPG<br>1114 AVE OF THE AMERICAS<br>NEW YORK NEW YORK 10036 | <b>Date Processed:</b> 11/16/2012                                 |
|   | <b>Completed By:</b> LO SAECHAO                                   |
|   | <b>Delivery Method to Client:</b> FEDEX STANDARD OVERNIGHT LETTER |
|   | <b>Tracking Number:</b> 911734509776                              |

Enclosed please find legal documents received on behalf of the client named below. These documents are being forwarded in accordance with your instructions.

|  |   |  |
|--|---|--|
| <b>Date / Time Received</b><br>11/16/2012 2:00 PM in CALIFORNIA  | <b>Transmittal #</b><br>CA-73839        | <b>Delivered to Agent by</b><br>PROCESS SERVER |
| <b>With Regard to Client</b><br>DRAFTFCB, INC.   |   |  |
| <b>Title of Case or Action</b><br>BRENDAN MCPHILLIPS, ET AL VS THE INTERPUBLIC GROUP OF COMPANIES, INC., ET AL |   |  |
| <b>Case Number</b><br>CGG-12-524135  | <b>Type of Document Served</b><br>OTHER |  |
| <b>Court Name</b><br>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO                                     |   |  |
| <b>Note</b>  |   |  |



1-738390



David M. deRupertis, State Bar No. 208709  
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Attorneys for Plaintiffs  
 Brendan McPhillips, Leonard Sharlet,  
 John Brushwood and Evan Franco

**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
 FOR THE COUNTY OF SAN FRANCISCO**

BRENDAN McPHILLIPS, an individual,  
 LEONARD SHARLET, an individual,  
 JOHN BRUSHWOOD, an individual, and  
 EVAN FRANCO, an individual,

Plaintiffs,

v.

THE INTERPUBLIC GROUP OF  
 COMPANIES, INC., a Delaware Corporation;  
 DRAFTFCB, INC., a Delaware Corporation;  
 and DOES 1 through 50, inclusive,

Defendants.

Case No.: CGG-12-524135

**DEMAND FOR INSPECTION AND  
 PRODUCTION OF DOCUMENTS AND  
 TANGIBLE ITEMS, SET ONE,  
 PROPOUNDED BY PLAINTIFF EVAN  
 FRANCO TO DEFENDANT THE  
 INTERPUBLIC GROUP OF COMPANIES  
 INC.**

Complaint Filed: September 12, 201  
 Trial Date: None

**PROPOUNDING PARTY: EVAN FRANCO**

**RESPONDING PARTY: DEFENDANT THE INTERPUBLIC GROUP OF  
 COMPANIES, INC.**

**SET NUMBER: ONE (1)**

Demand is hereby made, pursuant to Code of Civil Procedure section 2031, that you  
 produce and permit inspection and copying of the documents described below. The place of  
 inspection shall be the deRupertis Law Firm, PLC, located at 4219 Coldwater Canyon Avenue,  
 Studio City, California 91604 or at such other location as agreed by the parties. The time for such

**PRODUCTION DEMANDS, SET ONE, TO DEFENDANT IPG, INC.**



1 inspection shall be thirty (30) days from the date of service of this demand at 10:00 a.m., and  
 2 continuing as long as reasonably necessary.

### 3 DEFINITIONS

4 As used herein, the following terms shall have the following meanings:

5 A. "DOCUMENT" means all originals, drafts and copies that differ in any way from  
 6 the originals of all written, recorded or graphic matter, whether produced or reproduced by  
 7 handwriting, magnetic recording, photograph, printing, tape, transcription of spoken language or  
 8 other record of spoken language, typewriting, writing or any other means as defined in Evidence  
 9 Code §250, and includes without limitation agreements, appointment books, bank statements,  
 10 bills, books, business records, facsimiles, calendars, cards, checks, charts, computer printouts and  
 11 tapes, correspondence, diaries, file cards, films, financial statements and reports, handwritten  
 12 notes, including "post-its" or other type adhesive notes, invoices, journals, ledgers, letters, logs,  
 13 memoranda, memorials in any form of telephone conversations, minutes, notes, notices, pamphlets,  
 14 papers, purchase orders, personnel records, receipts, recordings, reports, telegrams, and any other  
 15 pertinent information set forth in written language or any electronic representation thereof and any  
 16 carbon or copies of such material, if you do not have control over or possession of the original.

17 "DOCUMENT" also includes all electronically stored information, including but not limited  
 18 to information stored by computer or on a computer disk, diskette, tape or card, as well as any  
 19 electronic recording, tape recording, photograph, video, file, microfilm, microfiche, or similar  
 20 recording of words, images, sounds, pictures, or information of any kind.

21 "DOCUMENT" also includes any and all drafts of, and amendments, or supplements to, any  
 22 of the foregoing, whether prepared by you or any other person, as well as copies of the document that  
 23  
 24  
 25  
 26  
 27  
 28

1 differ from the copy being produced (e.g., a differing copy is one that contains handwritten notes,  
2 interlineation, underlining, and the like).

3 If a "DOCUMENT" is an electronic mail, the electronic mail should be produced in its  
4 original format so that any and all attachments to the electronic mail are produced and the entire  
5 chain of electronic mail communication is produced.  
6

7 B. "PERSON" means all individuals and entities of any nature whatsoever and includes,  
8 in the plural as well as in the singular, any natural person, firm, association, partnership, joint  
9 venture, corporation, subdivision or part thereof, or any other entity, including all representatives of  
10 any such person or persons. The masculine pronoun shall also include the feminine.  
11

12 C. "YOU" or "YOUR" as used herein shall mean the party to whom this discovery  
13 request is directed, and, if the party to whom this request is directed is an entity, it shall include any  
14 and all agents, officers, directors, employees, independent contractors or other representatives of the  
15 entity to whom this request is directed.  
16

17 D. "PERTAINING" and "RELATING," as used in this request, means evidencing,  
18 memorializing, referring, constituting, containing, discussing, describing, embodying, reflecting,  
19 identifying, mentioning, stating, or otherwise relating to in any way, in whole or in part, the subject  
20 matter referred to in this request.  
21

22 E. "PLAINTIFF," as used in this request, means the Plaintiff in this action, Evan Franco.

23 F. "COMPLAINT," as used in this request, means the Complaint for Damages on file in  
24 this action.

25 G. The term "PERSONNEL FILE" includes any and all records maintained either in the  
26 normal course of business or for any special purpose with respect to the application, course of  
27 employment, and termination of any employee of Defendant, and specifically includes applications,  
28

1 disciplinary notices, performance evaluations, employment histories or summaries, records of  
2 residential address and telephone numbers, termination notices, job assignments or classification  
3 records, compensation, and other similar records. The term "PERSONNEL FILE" includes, but is  
4 not limited to, all writings within the meaning of Labor Code section 1198.5.  
5

6 H. "IDENTIFY" or "IDENTIFYING" means:

7 a. with respect to an individual, state the person's name, title at the time in question,  
8 employer and business address at the time in question, employer and business address at the time in  
9 question and dates of employment (if an employee of YOURS), and current or last known employer,  
10 business address, and home address;  
11

12 b. with respect to a company, state the name of the company, the place of  
13 incorporation of the company, and the address of the company's principal place of business;  
14

15 c. with respect to a DOCUMENT, state the names of the author or creator and the  
16 addressee, the subject matter or title, the date of the DOCUMENT, its present location AND  
17 custodian, and, if the DOCUMENT is an insurance policy or cover note, the policy number or cover  
18 note number;  
19

20 d. with respect to a meeting, state the date, location, and subject matter of the  
21 meeting, and IDENTIFY the participants in the meeting;  
22

23 e. with respect to an insurance claim, or notice of potential claim, state the identity of  
24 the policyholder;  
25

26 f. with respect to a LIABILITY POLICY, state the policy number, policy period and  
27 stated limits of the policy;  
28

g. with respect to a lawsuit, state the names of the parties, docket number, court, and  
the current status of the litigation.

1. The DOCUMENTS produced pursuant to this Request must be segregated and identified according to the specific request to which they are responsive. Duplicate copies of DOCUMENTS, which are responsive to, more than one request need not be produced if the specific request to which the DOCUMENTS relate is designated.

3. The DOCUMENTS requested by this Request specifically include, but are not limited to, those DOCUMENTS in the possession custody or control of YOUR agents representatives, attorneys, accountants, auditors, investigators, consultants, or any other PERSON acting on YOUR behalf.

5. If YOU withhold any DOCUMENT demanded on the grounds of privilege, please specify for each such DOCUMENT:



- 1 a. the name and job title of each author of the DOCUMENT;
- 2 b. the name and job title of each recipient of it and any other PERSON to whom a copy
- 3 was furnished;
- 4 c. the date of the DOCUMENT;
- 5 d. a brief description of the general subject matter of the DOCUMENT;
- 6 e. each paragraph of this demand to which the DOCUMENT is responsive; and
- 7 f. the type of privilege claimed.
- 8
- 9 6. If the Request calls for the production of a DOCUMENT that has been destroyed,
- 10 placed beyond YOUR control, or otherwise disposed of, set forth with respect to each such
- 11 DOCUMENT:
- 12
- 13 a. the author of the DOCUMENT;
- 14 b. the addressee, if any, and those PERSONS, if any, specified in the DOCUMENT to
- 15 receive a copy thereof;
- 16
- 17 c. the title of the DOCUMENT, if any, or other
- 18 identifying data;
- 19 d. the type of DOCUMENT (e.g., memorandum, letter);
- 20 e. in summary, the nature and subject matter of the DOCUMENT;
- 21 f. the date the DOCUMENT was prepared;
- 22 g. the date the DOCUMENT was sent or received by YOU, as the case may be;
- 23 h. the identity of all individuals to whom the substance of the DOCUMENT was
- 24 transmitted, or who saw such DOCUMENT, and under what circumstances;
- 25
- 26 i. the present location of the DOCUMENT, if not destroyed; and
- 27
- 28

1 j. the name, title, home and business address, and the home and business telephone  
2 number, of the current custodian of the DOCUMENT.

3 7. When the Request does not specifically ask for a particular DOCUMENT but the  
4 DOCUMENT would help to make the production complete, comprehensive or not misleading,  
5 please produce the DOCUMENT. Only non-identical copies of DOCUMENTS are to be considered  
6 separate DOCUMENTS.  
7

8 8. Unless otherwise indicated, all of the requests set forth below call for responsive  
9 DOCUMENTS created at any time notwithstanding the fact that some of those requests relate to  
10 events occurring during specific time periods.  
11

#### 12 REQUESTS

13 1. The PLAINTIFF's complete personnel file.

14 2. Any and all DOCUMENTS PERTAINING or RELATING to PLAINTIFF's job  
15 performance while employed by YOU, including but not limited to performance appraisals or  
16 evaluations, commendations, awards, and/or letters of thanks, recognition or appreciation or any  
17 other similar DOCUMENTS.  
18

19 3. Any and all DOCUMENTS signed by PLAINTIFF PERTAINING or RELATING to  
20 the obtaining of employment by YOU as defined by Labor Code section 432.  
21

22 4. Any and all DOCUMENTS PERTAINING or RELATING to any contracts and/or  
23 agreements RELATING to PLAINTIFF's employment, including but not limited to any and all  
24 DOCUMENTS reflecting any termination of, modifications of, changes to, revisions to and/or drafts  
25 of any such alleged contracts or agreements RELATING or PERTAINING to PLAINTIFF's  
26 employment by YOU.  
27  
28

